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CLINICAL LECTURE.

ABDOMINAL TUMOR: UNCERTAINTY OF DIAGNOSIS: OPERATION.[1]

BY WILLIAM GOODELL, M. D.,
PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

I am both glad and sorry, gentlemen, to tell you that the case upon which I had intended operating before you to-day has, for a time at least, rendered our services unnecessary. It was that of a pregnant woman, whose uterus contained, in addition to the fœtus, a large fibroid tumor which blocked up the cervical canal and pushed the cervix far over to one side. There was, at the same time, extreme retroversion of the uterus. Now, why have I abandoned the Cæsarean section which I had intended performing that the child might be delivered? She has delivered herself! I did not suppose it possible that a fœtus could make its way past a tumor in this situation, and fully as large as itself. Yet, I was mistaken. Labor began about nine o'clock last evening; the head wedged its way downward between the tumor and the uterine wall, and gradually passed the obstruction, and the child, without the occurrence of any special complication, was delivered with forceps at half-past three this morning. I said I was sorry that she had evaded the operation in this way, because she is a comparatively young woman; the tumor will continue its growth, and when its removal becomes finally imperative the difficulties and risks of the operation will have been largely multiplied.

I have here, however, a case for operation which will prove, I think, a good substitute for the one of which nature has robbed us. It is a case, the diagnosis of which is a complete puzzle to me. I will read you the history, and you will see how little light it affords us. The woman is a widow, 41 years of age, married sixteen years ago, and has three children, the youngest of whom is twelve. Her monthlies anticipate their proper intervals, and within the past month she has had three menstrual bleedings. Ten weeks ago, while riding in a carriage, a sudden jolt of the vehicle was succeeded by a sharp pain in the region of the right groin, and from that time on the abdomen has been undergoing rapid enlargement. Now, what kind of a tumor is it that can have behaved in this way? On examination, we find the uterus movable, and the presence of some ascitic fluid within the abdominal cavity. The tumor seems to be situated more upon the left than upon the right side. A year ago, the patient says, she had inflammation of the belly, for which she was leeched and blistered. This might lead us to regard this tumor as due to chronic peritonitis, but I think it is too solid for that. I am, therefore, in considerable doubt as to what we have to deal with; yet, as almost all these tumors are ovarian, I am inclined to think this another instance of that kind of growth. Its very rapid increase in size makes it probable that it is malignant in character; whereas, if it had been growing a year or more, I would not express this opinion so confidently. As a preliminary to the operation this morning, the woman was yesterday given sufficient Rochelle salts to thoroughly empty the bowels. I have a preference for this purgative because it does not produce such large quantities of flatus as do some of the others, and the belly becomes relaxed and flattened down after its use.

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[1] **Delivered at the Hospital of the University of Pennsylvania.**

The pubic prominence is now shorn of its hair and all the parts surrounding the locality of the operation are thoroughly cleansed with a 1-1000 solution of corrosive sublimate. Upon making an exploratory incision we find that the tumor has two lobes; though there is possibly but a single cyst, which is partially divided by a bound-down Fallopian tube. It will be necessary to resort here to tapping; in doing this, I insert the trochar high up, rather than low down, in the surface of the tumor, since, if the latter position is chosen, the trochar is apt to slip out. We now discover that the growth is a proliferous cyst, and that its whole mass is made up of countless small cysts. In order to effect its removal I must either enlarge my abdominal incision or I must break down the walls of these small cysts with my hand and evacuate their contents. I will attempt the latter measure. (The operator's hand was here inserted within the tumor, the walls of the many small cysts rapidly destroyed, and the contained fluid permitted to escape.) I now discover the presence of another cyst situated far back, and in order to get at it satisfactorily, I shall enlarge the abdominal wound with scissors. With this increased exposure we bring into view many ugly adhesions, some of them reaching high up, others attached to the omentum, the transverse colon, etc. The larger of these I shall clamp before rupturing them. The whole appearance of the tumor is decidedly suggestive of malignancy. Now that we have freed it from all its other attachments, we finally divide the pedicle and lift it from out the abdominal cavity.

The pedicle I find is very much twisted, but I am not prepared to say whether this has had anything to do with the suddenly increased rapidity of the tumor's growth. The pedicle is of rather small size, and the tumor has evidently derived much of its nourishment from the many adhesions that connected it with the neighboring viscera. We found upon removing the growth that it involved the left ovary. Let us look at the right ovary. This has a decidedly suspicious appearance, and I think it had better be removed. The risks of the operation are not enhanced by doing this, and, in view of the facts that the patient is forty-one years of age and that she is a widow with three living children, I do not think we shall make a mistake in extirpating this doubtful-looking ovary.

Now that we have carefully tied all bleeding points, let us clean out the abdominal cavity preliminary to closing it up. A quantity of pure water, which has been previously boiled, is poured into the abdomen, the stream being directed upon my hand so as to break its fall. When the abdomen is full, I insert my hand and gently paddle about among the intestinal coils with it, so as to thoroughly cleanse them from blood and any septic fluid with which they may have come into contact. This first supply of water being sponged out, more is added and the process of washing is repeated until the water squeezed from the sponge is free from any stain of blood. Before inserting the sutures in the divided abdominal wall, I shall pack Douglas's pouch with sponges, and allow them to remain until all our sutures are in position and ready to be drawn tense.

The needle carrying each suture is passed first through the peritoneum and then upward through all the intervening tissues. This method is adopted as a measure of safety; because, if the needles are passed *from without inwards,* a slight movement on the part of the patient or the act of coughing or vomiting may suddenly raise a portion of the intestinal tract and result in its perforation.

All the pain from which this woman suffered was referred to the right ovary. Why, I cannot tell you. There is certainly not enough in its appearance to satisfactorily account for the amount of pain experienced. The tumor which has been removed had undoubtedly existed for a year or more. The twisting of the pedicle, which probably occurred during her ride of ten weeks ago, gave rise to an inflammation of the enveloping membrane of the cyst. This is a common result of this accident, and during the progress of the inflammatory action a greater or less number of adhesions with the adjoining or neighboring viscera are apt to be contracted. This view of the tumor's mode of growth might eliminate the idea of its malignancy, but the character of the adhesions in this case was bad. When adhesions present a certain amount of œdema, when they are gelatinous or colloid in character, the supposition of malignancy is well founded.

Why is it unlikely that I shall insert a drainage tube here? Because the adhesions that I found it necessary to break down were limited to bands that could be thoroughly controlled by ligatures, and did not have extensive denuded surfaces. It depends very largely on the condition of the sponges which have been allowed to remain in the abdomen during this time, and which we are now ready to remove, whether or not a drainage tube shall be used. You notice that their upper surfaces are stained with the blood which has issued from the punctures made by our sutures; but their under surfaces are quite clean, and have absorbed simply the remainder of the water that we poured into the abdominal cavity a few moments ago. These sponges, also, which we now remove from Douglas's pouch, are equally innocent of blood stains, and we can, therefore, close this cavity without making any provision for drainage.

Having now tied all my sutures and cut off their redundant extremities, the woman is sponged perfectly clean and all soiled articles of clothing are exchanged for clean ones. A generous layer of iodoform is dusted over the line of the wound, and upon this a fold of iodoform-gauze (50 per cent.) is laid. This percentage of iodoform is unnecesarily high, and, at the same time, it makes the dressing unnecessarily expensive. Hereafter I shall use a dressing that is not so strongly impregnated with the antiseptic. A layer of plain gauze and a thick mass of baked cotton are next placed upon the belly, and these are fixed in position by broad straps of adhesive plaster. A wide binder is now made to encircle the lower half of the trunk, and the woman is ready to be removed to her bed. During the ensuing twenty-four hours nothing whatever shall be given to her by the mouth. I shall endeavor to get along in this case, as I do in all others, with as little opium as possible. If there should occur sufficient pain to require its use, it will be given in doses just large enough to relieve suffering and no more.

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COMMUNICATIONS.

REPORT ON CASES OF SEPSIS, SARCOMA AND CANCER, TREATED WITH CARBONATE OF LIME AND BROMIDE OF ARSENIC.

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Antiseptic surgery has advanced much farther than that which is purely disinfective. We can prevent infection much better than we can avert it. To say this is to proclaim the supremacy of prevention over cure. After infection has taken place, the practical problem has two important points: we want a substance that will destroy the microbe, and that will not fatally affect the cells of the tissues at the same time. Quinine illustrates this; in quantities which will not injure the cells of the tissues, it will destroy the microbes of swamp fever. And then one asks the question: Will the time ever come when the various forms of sepsis will have remedies as sure and valuable as quinine is in intermittent fever? Since we cannot always prevent infection, our attention must be given more and more to finding remedies which will cure sepsis.

There is a form of infection which is called new-growth. To be sure, we do not know much about the matter of prevention, yet we are firmly convinced that early and thorough operations are of great value, and this makes for the theory of infection. We seem to prevent the infection of the perijacent tissues. And yet, although we cannot be quite sure, it has long seemed to be true that a more perfect state of health in some way stands as a wall against the primary infection which makes a new growth. But some one says, that those who have new growths seem to be perfectly healthy. On this point we may be deceived, for there may be some defect in health that we have not yet learned to estimate and measure. But this question would be somewhat subordinate if after all a new growth is a process of infection. At any rate, however good the health may have been at the outset, it finally fails, as every one knows.

Some forms of local infection have occupied my attention more recently. What these are will appear in the reports of the cases which will follow a little further on. The question of operation will arise in some of these cases. But in some respects the question of remedies will be of first importance. If we admit that cancer and sarcoma, for instance, are infecting diseases, can we hope for any way to cure them? It is partly with a view to aid in answering this question that I put on record the matter contained in this paper.

I have had some experience with two remedies—the carbonate of lime and the bromide of arsenic. About two years ago I treated a patient for boils; my treatment was on general principles, and my patient did not seem to get better. A friend told me that he had known pulverized egg-shells to cure such a case. I tried the carbonate of lime, in the form of prepared chalk, and my patient recovered. For many years I have been using the iodide of arsenic in various forms of new growth. It has been beneficial. In the meantime I have been giving the bromide of arsenic. It has done more good than any other preparation of arsenic that I have given. The dose has been from one-fortieth to one-fifteenth of a grain, three times a day. I will illustrate the action of these remedies by the following cases.

Case I.—Mrs. B., about 65 years old, came to my office in June, 1888. She had a carbuncle over three inches in diameter on the back of her neck. It was painful and increasing in size. The patient was feeble, and the prognosis did not seem to be good. I gave her eight grains of prepared chalk with a teaspoonful of tincture of calumbo, three times a day, and applied a weak carbolized wash to the carbuncle. The patient took also a small glass of wine before each meal. The carbuncle became smaller at the circumference from day to day, and in about ten days it had mostly disappeared. It may be remarked here that this patient had a similar carbuncle six years before. I treated it by the repeated application of equal parts of carbolic acid and glycerine, by incisions from time to time, by antiseptic and disinfectant poultices, and by milk punch and quinine. It was five or six weeks before there was much improvement, and some weeks more before recovery was quite complete. Was the carbonate of lime curative in this case? Or was the patient protected to some extent by the previous infection?

Case II.—Mrs. C., about 35 years old, had severe inflammation of the right internal saphenous vein. There was a large, firm, and painful swelling just above the knee, accompanied by general sepsis. I gave the patient anodynes, tonics, stimulants, and nutrients, and applied warm carbolized poultices to the swelling and to the inside of the thigh; but she did not seem to improve. I then gave her, three times a day, a teaspoonful of a mixture containing three drachms of prepared chalk, ten drachms of peppermint water, and twenty drachms of tincture of calumbo. In a day or two the indurated swelling began to disappear at the circumference, and the inflammation of the vein became less severe. The general sepsis became less from day to day, and in ten or twelve days the patient was convalescent.

Case III.—A boy, 6 years old, had a traumatic abscess of the lower part of the left thigh, involving the knee-joint and the condyloid end of the former. The signs and symptoms were those of severe white-swelling. After exsection of the knee-joint, the patient improved for some time, and then did not do well. At the end of ten weeks the disease had returned locally, and the patient was emaciating rapidly. I then amputated the thigh just above the middle. In a few days the soft parts of the stump became very much infiltrated, looking like a very large white-swelling. The little patient was wasting from day to day. Then I stopped the medicines he was taking, which were those usually given in such cases, and gave him, instead, three grains of precipitated chalk, three times a day, in milk. In a short time he began to improve, and at the end of four months he was quite well. Even then the soft parts of the stump were somewhat enlarged, as if the proliferated connective tissue had not fully contracted. There was a very strong impression that the improvement in the case was due largely to the carbonate of lime. I am inclined to add that this case appeared to be one of infection, and that the *materies morbi* was counteracted by the last remedy given.

Case IV.—Mr. C., 25 years old, had an irregular, hard swelling, three inches in diameter and an inch in thickness, on the left side of the neck in front, extending from the median line backward. It had been growing for about eight weeks, and had no apparent cause. The patient was sent to me for the purpose of having the tumor on his neck removed by an operation. His general health was not good, but he was working every day. The new growth much resembled the acute sarcomatous swellings which I have so often seen attack the face and neck of young men, and cause death in a few weeks or months. Looking upon the case as one of infection, I determined to try treatment by internal remedies. I gave the patient ten grains of the carbonate of lime (prepared chalk), three times a day. A poultice was kept on the swelling. In about ten days the most prominent part of it began to soften. I made an opening, and a thin watery fluid came out, accompanied by considerable blood. I then gave one-fortieth of a grain of bromide of arsenic after each meal. The lime was continued before meals. In five or six weeks the swelling had become very much smaller; it had disappeared from the circumference, and had diminished in thickness. At one time the patient left off the treatment, and the swelling began to increase in size; but when the same remedies were resumed he again began to get better. In about ten weeks from the time I first saw this patient he had quite completely recovered. He then went back to his work.

Case V.—C. K., a sailor, 18 years old, was admitted to the Long Island College Hospital for treatment. He had an induration in the perineum, extending from the anus to the scrotum; in the right side of the scrotum there was also a hard mass, one inch in diameter. The induration was nearly symmetrical on both sides of the median line, and had been six weeks in forming. It was of a dusky-brown color, and caused no pain. The urethra was not in any way involved. I gave this patient eight grains of prepared chalk, in peppermint water and tincture of calumbo, before each meal. In a few days I gave after each meal one-fortieth of a grain of bromide of arsenic. In about ten days the hard mass in the scrotum had disappeared, and at the same time nearly one-half of the perineal induration had been absorbed. Soon afterward, by some mistake, the treatment was interrupted, and the growth began to increase in size. After about one week had intervened the lime and arsenic were resumed in the same dose; then improvement went on again as before. The induration on the left side of the perineum disappeared first. This was about four weeks from the time the treatment began. The induration on the right side of the perineum, where the infection probably began, could not be felt at the end of two weeks more. During all this time the patient was up and about, and had no pain and no tenderness; there seemed to be no tendency to the formation of pus. He was discharged, not requiring further treatment.

Case VI.—Mrs. T., 36 years old, had her left breast removed by Dr. Freeman, of Brooklyn, in April, 1888. It contained a large and firm induration, which, upon microscopical examination, was reported to be "of a somewhat mixed character," showing "in the main a scirrhus carcinoma," with "a few cells having a sarcomatous appearance." About fourteen days after the operation the growth began to reappear. At that time I saw the patient with her attending surgeon. Along the line of union which was forming, the parts were hard, and the skin for some distance on each side looked and felt something like orange-peel. At the time I advised against another operation, for it appeared to be impossible to go beyond the infected tissue. The case seemed to be very unpromising. I recommended treatment with carbonate of lime and bromide of arsenic, because an operation would not be proper, and other remedies had hitherto been of little use in such cases. About ten grains of prepared chalk were given in capsules before each meal, and one-fortieth of a grain of bromide of arsenic was given just after each meal. The antiseptic dressing of the wound was continued. Three weeks after this I saw the patient again; the wound had healed much like one in ordinary healthy tissue. The infiltration and the induration had all disappeared. There did not appear to be any sign of the new growth. One might have supposed that there had been a simple incised wound of the part. The treatment was continued for six or eight weeks. I saw this patient again on the 13th of August. There was some return of the growth at the posterior end of the scar. The lime and arsenic were given as before; in two or three weeks there was no sign of any disease.

Case VII.—Mrs. B., nearly 40 years old, had, in the left breast, a tumor, which had developed within five or six weeks. The patient had felt some pain in this breast for six months. The tumor was large and movable, and was quite firm. The nipple was retracted. The patient had lost some flesh, and had a poor appetite. In October, 1886, Dr. Palmer and I assisted Dr. McCorkle, her family physician, in removing the entire breast. In March, 1887, the right breast began to enlarge and was painful. The external appearances of the growth were similar to those presented by the tumor removed from the left breast, which had been found by a pathologist to be a fibro-sarcoma. The swelling in the right breast started from an old abscess-scar, which existed at some distance above the nipple. On seeing the patient I advised an operation, but she objected that she thought she was pregnant. Then I told her to postpone the operation, and have special treatment pending the decision of the question of pregnancy. At first I gave her ten grains of prepared chalk before meals, in a wine-glassful of milk; and in a few days she also took one-fortieth of a grain of bromide of arsenic after each meal. I saw this patient from time to time, and noted the gradual disappearance of the new formation. In the first part of July it was practically gone. The health and spirits of the patient were much improved. Then I wrote for three drachms of prepared chalk, ten drachms of peppermint water, and twenty drachms of tincture of calumbo; a teaspoonful of this mixture to be taken before meals, in a wine-glassful of water, for two months. In the meantime the arsenic was omitted. The new formation has not returned.

Case VIII.—Mrs. H., 42 years old, was sent to me by her family physician, in March, 1886, and I removed a small, hard cancer from her left breast. Primary union took place. The patient was urged to let me know as soon as there was any return of the disease. The microscope confirmed the diagnosis. I did not see this patient again until June 30, 1888, when she gave me the following history: Two months after the operation, the tumor began to return, and increased slowly in size. Toward the end of the year 1887, the pain became very severe. From time to time, until I saw her, she had been taking large doses of morphine, and had applied locally a four per cent. solution of cocaine. These remedies gave her some relief from her suffering. I made the following observations:—There was a large, hard, cancerous mass on the side, involving what had been left of the breast, and extending into the connective tissue in every direction, and fastened firmly and immovably to the ribs. The lower part of the chest and the upper part of the abdomen had increased in size, indicating that the liver as well as the lung had become infected. There was also a small induration in the left axilla.

I gave this patient ten grains of prepared chalk, in peppermint water and tincture of calumbo, before meals; and after meals one-fortieth of a grain of bromide of arsenic. In two or three days she omitted the morphine and left off the cocaine solution, because the pain had ceased. At the end of two weeks the arsenic was stopped for one week, when the pain came back with all its severity. Then the arsenic was resumed, and again the pain disappeared. This patient was an educated lady, and the disappearance, reappearance, and cessation of the pain could not be attributed to any mental impression. The general condition of this patient continued good, and the local appearance improved to some extent, until the first of September. Then she went back to teaching school. This worried and prostrated her very much; but she persisted in it, and the disease made such progress that she died about the last of December. The notable point in this case was the relief from pain given by the arsenic, which had been employed only in the last stage of grave malignant disease.

Case IX.—Mrs. Mc., 38 years old, in the summer of 1886, noticed a small lump in her right breast. I saw her in November, 1887, when she had a very large cancer of the right breast, extending around it, as well as into the axilla. The induration in the axilla was large and fixed. The neoplasm was infiltrating, inflectious, and growing rapidly. As far as I could then judge, the right lung had become infected. I consented to operate, in order to give temporary relief from suffering. But I did not see this patient again till June, 1888, when I found that the breast tumor had been removed by another surgeon. The growth in the axilla had increased much in size; at the seat of the operation there had been extensive recurrence of the disease; the right lung gave evidence of serious infiltration of a cancerous nature; the liver was much enlarged and nodulated; and the omentum was uneven, hard, and painful. The only thing that could be done was to give such medicines as might give relief. The carbonate of lime and the bromide of arsenic were administered in the same way as in the previous case. The effect of the treatment may be related as follows: The pain was less severe, and the cough was better. The appetite improved, and the patient become more hopeful. The new formation on the side and in the axilla ceased for several weeks to increase in size. In the meantime the abdomen, as well as the lower part of the chest, continued slowly to enlarge. In the first week of September, an acute bronchopneumonia came on, greatly prostrating the patient, and death followed in about two or three weeks.

Case X.—Mrs. M., 44 years old, noticed a swelling in her left breast in August, 1887. It was about the size of the end of her thumb. The growth was very rapid, and at the end of the year involved the entire breast and the contents of the axilla. In January, 1888, I saw her with Dr. Corbin, her family physician, and recommended an operation, which was performed on January 16. The breast, and considerable of the surrounding tissue, as well as the contents of the axilla, were removed. There was primary union of the entire wound. In about three weeks the neoplasm began to grow again in the parts adjacent to the scar. A microscopic examination had confirmed the diagnosis of cancer. The disease appeared to be very acute. Infiltration and infection were going on rapidly. On May 22, 1888, Dr. Corbin came to my office with his patient. The recurrent growth was active and very large. Prominent red projections existed at all the points whence the sutures had been removed. All along both sides of the line of union the parts were much enlarged and nodulated. The color was of a brownish red. There was a burning, lancinating pain in the side. We did not at that time deem it desirable to perform another operation. The prognosis was especially unfavorable, if medicine were useless. The following treatment was suggested and adopted: A saline laxative was given every morning, to relieve constipation; a small teaspoonful of prepared chalk was administered before each meal in a wine-glassful of milk; one-fortieth of a grain of bromide of arsenic was given after each meal; and the side was covered with cotton-wool. In about ten days the neoplasm ceased to extend, and the red projections at the suture-points were very much diminished in size. The side was more comfortable, and the spirits and the appetite of the patient had improved. The disease continued dormant, as it were, until the 1st of September. Then the patient went into the country for three weeks. On her return, the inner portion of the growth had become a little larger, while the outer portion was smaller. We then advised another operation. The results of this, locally, were good. Repair by primary union took place. The scar was quite normal, and the tissue did not seem to be likely to become infected again. About two months later an acute pneumonia caused the patient's death. There was no autopsy to show whether the left lung had become infected with cancer or not.

Case XI.—Mrs. B., 45 years old, had a tumor just above the left breast and near the sternum. It was removed by caustics, and four months afterward she was brought to my office by Dr. Malone, her physician. I found a large cancer at the seat of the scar, involving the entire breast and extending into the axilla. On May 30, 1887, I operated, removing the entire growth as far as possible. Complete primary union took place in every part of the wound. At the end of six weeks the growth began to recur over the second, third, and fourth ribs. On the 16th of October, I removed a large cancerous mass, going down to the ribs and the intercostal fascia, ligating two of the intercostal arteries. The repair was reasonably good. In January, 1888, the cancer began to grow again. I did not see this patient for some time after this. She called at my office in

April, having a large growth that bled freely. Then I gave her carbonate of lime and bromide of arsenic. The effect of these remedies I will describe as follows: In the first place, the bleeding ceased. On two occasions the remedies were omitted for a short time, and the cancer began to bleed again; when the remedies were resumed, the bleeding would soon stop. I was quite strongly impressed with the certainty of the causal relation between the employment of the remedies and the cessation of the bleeding. And then, from time to time for some weeks, the growth would become much smaller; when the doses were made larger, the induration at the base and periphery of the cancer would become soft and flexible. I could not well doubt that the growth of the cancer was much inhibited by these remedies. During the latter part of the year 1888, her left lung became infected; and, although the external conditions did not get any worse, her general health failed more rapidly.

Case XII.—A boy, 6 years old, had a very large adeno-sarcoma of the neck, and the glands in the abdomen were much involved. He was greatly emaciated and very anæmic. He came under my care in the summer of 1888, and was treated with the carbonate of lime and the bromide of arsenic. The progress of the disease was less rapid under the influence of these remedies.

Case XIII.—This boy—Case XII—was nursed by a sister, who was about 22 years of age. She was constantly with her sick brother, and slept with him. In August, 1888, she noticed a "lump" in her right breast. It was about two inches in diameter, and located in the edge of the breast on the axillary side. The diagnosis was sarcoma. Did her brother infect her? Did she become infected from the same source he did? I had no means of finding out. I treated the case with carbonate of lime and bromide of arsenic, and at the end of four months the tumor had disappeared.

In the last stage of malignant disease, when the infection has been disseminated to various parts of the body, when the nervous system has been depressed by pain and anxiety, and when the nutrition has been disordered by the presence of morbific waste products, we could not work a cure—and perhaps we never can. From fatal cases, which seem to have been mitigated by treatment, let us turn to some which may have another issue, which have had the benefit of a thorough operation, and which have been treated with the above-named remedies. The following cases do not yet prove very much, but they are of interest, and may be recorded briefly.

Case XIV.—Mrs. B., 43 years old, noticed a small tumor in the groove where the right breast folds down over the chest. As far as she could tell, it had been growing only about four weeks. I prescribed carbonate of lime and bromide of arsenic, and advised an operation at an early day. My diagnosis was cancer, which was confirmed by Dr. Bates, of Brooklyn. He found a new microbe in the specimen, and made some cultures, of which he has specimens. The first week in August, 1888, I removed the cancer and the entire breast, going well beyond any infected tissue. Primary union took place in every part of the wound. The internal treatment already begun was continued, and has been kept up, with occasional intermissions, until the present time, June, 1889. There is no doubt about the value of early and thorough operations in cases of malignant diseases; and one begins to think that carbonate of lime and the bromide of arsenic have also some value in such cases.

Case XV.—Miss C., about 26 years old, had a cancer growing in her left breast. She noticed it some five or six weeks before I saw her, which was the last week in November, 1888. It was reported that her father had a cancer. She had been nursing several "bad" cases of cancer during the two years previous. This fact drew my attention to the question: Is cancer in any way infectious, from one person to another? We do not yet know. A cancer-focus can send out infecting material in the same patient, as we are now pretty certain. I advised this patient to take lime and arsenic, in the way heretofore described in this paper. On the 2d of December, 1888, with the assistance of her physician, Dr. M'Corkle, and Drs. Cochran and Rogers, I operated, removing the breast and exsecting the contents of the axilla. Complete primary union took place in every part of the wound. Since then this patient has been taking carbonate of lime and bromide of arsenic from time to time. She has had no indication of a return of the disease. In this case the diagnosis was confirmed by a microscopic examination.

Case XVI.—Miss F., 38 years old, had a small nodule in her right breast, near the nipple. This was exsected by a surgeon in Boston. In a few months the disease reappeared, involving more of the breast. Then she came under my care. The disease was cancer, and a microscopic examination confirmed the diagnosis. I performed a thorough operation in January, 1889. Primary union took place. In about ten days after the operation several nodules appeared along the sides of the new-forming scar. Under the administration of carbonate of lime and bromide of arsenic they slowly disappeared. Finally the scar became soft and mobile, and all the parts looked well. Up to the present time there has been no return of the disease. In the meantime the patient has continued the special treatment.

These three cases, which were operated upon in the first stage of the disease, when the infection was more local, and before infiltration had taken place, appear to show the advantages of an early and thorough operation. In the meantime, let us admit that they do not as yet afford strong evidence in favor of the curative effects of carbonate of lime and bromide of arsenic in the treatment of malignant disease. Yet these remedies may destroy small foci of malignant infection, while they cannot successfully attack larger masses. If this is true, we are in a way to supplement early and thorough operation with these remedies, and so prevent the recurrence of the new growth. This position appears to be made stronger by the following evidence: In Case VI, cancer cells were found, and the appearance of the growth was that of malignant disease, while after the operation the infiltration returned. In a short time there was recovery, and there has been immunity for nearly a year. In Case VII, there was every reason for saying that the tumor of the right breast was of the same nature as the one of the left breast, which had been removed and found to be fibro-sarcoma. This patient appears to have made a permanent recovery, after having taken carbonate of lime and bromide of arsenic for some considerable time. In Case VIII, we had a cancer in the last stage, causing very severe pain, which was greatly relieved for a long time by bromide of arsenic. We can say that the suffering was diminished and the disease made less severe. In Case IX, which was very acute, we cannot say very much; yet, my impression was that there appeared to be some mitigation of the course of the disease, which was going on rapidly in its last stage. In Case X, which was also one of acute cancer, it was noticed that the recurrent growth diminished in size and became more movable, from time to time, under the influence of carbonate of lime and bromide of arsenic. This case was treated only in the later stage, yet the patient was relieved and made more comfortable. In Case XI, one is impressed with the fact that the bleeding was more or less controlled by the use of the special remedies under consideration; the life of this patient seems also to have been prolonged and made more comfortable. In Case XII, the disease was extensive and very severe, and in its last stage, and yet there appeared to be some relief at times, and I felt justified in giving these remedies, knowing that others were useless. In Case XIII, where the disease was in its early stage, the administration of carbonate of lime and bromide of arsenic was followed by apparent recovery. In Case V, one is not quite sure as to the disease, but it was probably sarcoma; the special treatment was curative beyond a reasonable doubt. In Case IV, there was also doubt as to the diagnosis, and the relief was not so rapid as in Case V, yet the treatment was followed by a cure finally. In Case III, whatever the infecting matter was, even though it may have been that of tuberculosis, there could be little doubt that relief followed the administration of the carbonate of lime. In Case II, the septic condition was very soon removed by the action of carbonate of lime, when ordinary remedies had appeared to be of very little use. And finally, in Case I, a severe one of carbuncle, the improvement was exceptional, and it is not easy to believe that it was accidental, and not to some extent due to the carbonate of lime.

I am not now ready to discuss the therapeutics of these two remedies, when given separately; and I am not sure of the exact value of each when they are given together. Yet I may say that the carbonate of lime seems to be efficacious in those infections which are not properly malignant, and that the bromide of arsenic is of advantage in malignant infections, more especially, perhaps, in cases of sarcoma.

In this place I may add that I have treated two severe cases of elephantiasis with carbonate of lime and bromide of arsenic. The benefit produced by these remedies was marked, distinctive, and, I hope, permanent. I can only mention these cases now. In the future I intend to give a more complete report of the facts observed.

Finally, let me say that I am more and more impressed with the theory of the microbian origin of the entire group of malignant growths. I have also been impressed with the idea that the disease which we call cancer may, after all, one of these days, be separated into several distinct affections, and that the sarcomatous growth is not always the same disease. This view appears to be necessary to explain certain difficulties in regard to malignant growths. In the meantime I have not finished my observations, and I have facts that have not been reported in this paper. They will, I trust, appear in due time. I am ready to know and accept the truth in these very difficult questions. While my report extends over a relatively short time, I confidently hope, nevertheless, that it may be of use and advantage, however incomplete and imperfect it may be.

PYREXIA, A RESULT OF INTERRUPTED TISSUE-NUTRITION.

BY W. A. BROWN, M. D.,

OF DUNKARD, PA.[1]

Our constitution makes it incumbent on the President on retiring from office to make an address on some medical subject. This provision is all the more embarrassing to me because of the many excellent addresses in medicine which have been delivered within the last few years, some of which several of you have had the pleasure of hearing. Compared with these, any effort of mine must appear very insignificant.

In an address in medicine read before the International Medical Congress, at Washington, Dr. Arnold said: "Strange as it may sound, there is a surfeit of facts in medicine, and a dearth of good working theories." Without expecting to meet its requirements in full, as to a good working theory, I refer to the statement as the prompting of what I shall say to you at this time. In presenting a few thoughts on the pathology of pyrexia, the license allowed an address will be claimed for choosing a subject on which conclusions cannot be set forth with as much perspicuity as would be desirable if it were made the subject of a formal paper.

The normal process of calorification is in some way the fosterer of tissue-nutrition. In fact, it is indispensable to the normal performance of this great function. But why, and how? Physics teaches that heat may be changed into other forms of energy; that it becomes latent in the formation of some compounds, and is again set free by the breaking up of the compound. If we examine briefly the process of thermogenesis, we find certain chemical changes occurring in the hydro-carbons and carbo-hydrates. Take one of the simplest of these compounds—dextrine—with a formula $C_6H_{10}O_5$. After it has undergone the chemico-vital process by which it yields its heat to the organism, it is elminated as CO_2 and H_2O. To provide for maintaining the process of calorification, nature puts by a reserve, in the form of fat. This is a much more complex compound, as may be seen in the case of olein, which has the formula C_3H_53 $(OC_{18}H_{33}O)$. And this complex body is reduced to the same simple forms, CO_2 and H_2O, in the thermogenic process. There seems to be a vague idea that these changes create heat. But it certainly appears more in analogy with processes that, we believe, take place in other imponderable agents, to conclude that, in the formation of these highly complex compounds, heat had assumed a latent form, and that this latent heat is again set free when these compounds are reduced to simpler forms.

Assuming as a tenet that, in the process of tissue-nutrition, heat is changed into a form of reserved energy, let us briefly examine the condition which we call pyrexia. On account of its slow development, take typhoid fever to illustrate some points. During the early stage of this fever we have a progressive decrease of strength, and a progressive increase of elevation of temperature. This association is not without signification. Neurotic symptoms develop very similar to those that occur in pathological conditions in which we know that interrupted tissue-nutrition is the etiological factor. The blood becomes loaded with extractive matter—probably the pabulum for tissue building which the tissue is unable to appropriate. Anorexia shows that there is no demand on the digestive organs for supplies of nutritive matter. It seems, therefore, a reasonable inference to conclude that tissue-nutrition is held in abeyance by the *materies morbi* of the disease, and that both the material of which the tissue should have been built and the heat that should have subserved this process, have remained in the blood. The fact is patent to every observer that in every disease in which pyrexia is present, tissue-nutrition is incommensurate with tissue-waste. But, while tissue-waste may be, and probably is, exaggerated, it is very probable that interrupted tissue-nutrition is the more important factor in the disease. In reflecting upon the subject I would suggest for your special attention the following propositions, viz.:

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[1] Address of the retiring President of the Medical Society of Greene County, Pa., 1888.

1. One of the great objects of animal heat is to foster tissue-nutrition.

2. In the process of tissue-nutrition heat is changed into forms of reserved energy, or becomes latent.

3. Whenever, from any cause, tissue-nutrition is interrupted and held in abeyance, the heat that should have subserved this process accumulates in the system, causing an elevation of temperature.

4. Pyrexia is directly a result of interrupted tissue-nutrition.

Hoping I have succeeded in planting the thought, I will only say, in conclusion, that it has been my aim to maintain the honor and dignity of this Society. And I think I quit the chair with the Society on a much more stable basis than it was when the office was entrusted to my care.—Acti labores jucundi.

CHEST PERCUSSION DON'TS.

BY THOMAS J. MAYS, M.D.,
PROF. OF DISEASES OF THE CHEST IN THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.

Don't percuss in a cold room, and always divest that part of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and pleximeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussing finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient.

Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the pleximeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patient's chest more than you cannot possibly help; therefore always lay the pleximeter finger in such a direction that the distal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an inter-costal space, on the other.

Don't forget that the percussion pitch is nominally higher over the right than over the right apex.

Don't omit clavicular percussion.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they should hang loosely by the patient's side, with a slight forward inclination.

Don't stand your patient against the wall, or let him lean against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those given out by percussing the head of the humerus, and the infra-scapular region in health; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dulness or flatness at the base of the chest, to mark the upper limit of such dulness in front while the patient is standing; then place him on his back, and ascertain whether the line of dulness changes.

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REPORTS OF CLINICS.

BELLEVUE HOSPITAL, NEW YORK.

MEDICAL CLINIC—DR. LOOMIS.

Pleuro-pneumonic Tuberculosis, with marked Dyspnœa.

At his clinic at Bellevue Hospital, May 7, Dr. A. L. Loomis presented a man who had been sick for two years, complaining of shortness of breath; he had been worse since last winter. Dr. Loomis said of the patient: He has found difficulty in going up-stairs, and he has to sleep with his head high. His shortness of breath came on gradually. His trouble began with cough and expectoration, but he does not raise as much now as he did two years ago. He began, a year ago, to spit up blood, and he has done so very frequently during the last year. He has lost flesh, has had no night sweats, no fever or chills, and no pain in the chest, except a little in the left side, which he first noticed this winter. When he coughs now it hurts him in the stomach. He is a carpenter by occupation, but he has not worked in a dusty place. He has drunk a good deal of beer. There is no history of any hereditary disease in the family. One brother has had recently a similar trouble, but he has recovered.

Let us now examine the patient. In the first place, he is anemic. His respiration is labored, he uses the muscles of the neck; there is not much movement of the chest, but his abdomen moves considerably. His breathing is difficult, on inspiration and on expiration, and both are prolonged. His heart beats in its normal position; there is no murmur, but the sounds are indistinct. I get no impulse except immediately over the apex. Inspiration and expiration are of the same length, and the sounds are harsh in quality. Anteriorly, on the right side, they are vesicular but rude; on the left side, we hear the vesicular respiration of about the same quality as on the right side, but there are in addition crackling bronchial râles, produced in the smaller bronchi, heard both on inspiration and expiration. There is also heard, at one point in the left inferior mammary region, a pleuritic friction sound. The patient, therefore, has on the right side emphysematous percussion-resonance and breathing; on the left side there is some fluid in the bronchial tubes and some pleurisy.

Posteriorly, vocal fremitus is felt, and is a little more marked on the right side. Percussion gives a dull sound on the right side increasing, low down, nearly to flatness. On the left side mucous râles are heard throughout. The respiration is nowhere so well heard on the right side, posteriorly, as on the left side. Pleuritic crepitation is heard at various points on the left side.

From percussion we arrive at the conclusion that this man has emphysema of both lungs, most marked in the right, though there is not much difference in the upper portions.

He has finer pleuritic friction on the left than on the right side. On the right side superiorly there is less intense respiratory sound, which is an evidence of pleuritic thickening; and there is, at the bottom of the thorax, some fluid. The difference between the pleurisies on the two sides is that, on the right, it is continuous over the entire lung in front and behind; while on the left it is scattered in patches. I listened to this patient's chest when he first came into the Hospital, and I heard the respiratory murmur clear to the bottom on the right side. The percussion sound was not quite so flat as it is now, but it was markedly diminished in clearness. To verify the diagnosis of pleurisy, a needle was introduced and some fluid removed. It does not seem to me to have increased very much in amount.

You notice that this patient has cyanosis. Pleurisy, even with an emphysematous condition, would not give rise to so much cyanosis as this man has. My impression is that we have here chronic tubercular trouble, which is either a cause of the emphysema originating with it or has developed later. The pleurisy is probably of the same tubercular character. He is going to have more interference with his respiration, and his condition is going to be progressively worse.

[This patient has since died. At the autopsy, diffuse tubercular infiltration was found in both lungs and in both pleuræ.]

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—The first meeting of the recently-appointed Royal Commission on Vaccination was held in London, June 26.

SPECIAL CORRESPONDENCE.

THE ASSOCIATION MEETING AT NEWPORT.

(FROM OUR SPECIAL CORRESPONDENT.)

TUESDAY, June 25.

The first day of the Association meeting opened auspiciously, with a mild air and fair weather. The arrangements for the registration of members in attendance were excellent, and there was no crowding or unnecessary delay. About four hundred members are now registered. The Music Hall, in which the general sessions are to be held, was comfortable, and those present were able to hear those who spoke distinctly and with any care to be heard.

Dr. Storer, Chairman of the Committee of Arrangements, called the meeting to order, and, after a prayer by the venerable Rev. Thatcher Thayer, D. D., made the customary announcements in regard to the programme. To the great relief of all, the reading of the list of delegates registered—which has often consumed so much time to no purpose—was, on motion of Dr. Storer, ordered to be omitted.

The Governor of Rhode Island then welcomed the Association to Newport in an address, which was commendably brief.

The Presidential Address, by Dr. Dawson, of Cincinnati, was read for him by Dr. Larabee, of Louisville, as Dr. Dawson was suffering from an inflammation of the eyes, and could not read it himself, although he was able to preside. At the conclusion of the address the meeting was adjourned.

In the afternoon, the various sections met and heard as many of the papers on the programme as time permitted. In a number of the sections papers had to be omitted or postponed, because too much time was consumed in reading and discussing those coming first on the list.

In the surgical section, which was admirably presided over by Dr. Dandridge, of Cincinnati, attention was called to the injustice of this, and, on a motion to adjourn to an earlier hour than that appointed for the next day, it was decided to take up the first paper for the next day when the hour fixed for it should arrive. It was also plainly desired that the rule governing the time allowed for papers and discussion should be rigidly enforced.

The usual preliminary skirmishing in regard to the choice of a place for next meeting, and the officers for the coming year is going on. The question as to who shall be chosen by the Trustees as Editor of the *Journal* engages much attention, and a good deal of discussion. As yet there is no indication who will be elected; but the general impression is that, if any regular editor is chosen, it will be a Western man.

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WEDNESDAY, June 26.

In the morning session the Association listened to an admirable Address on Medicine, by Dr. William Pepper, of Philadelphia. The subject of his address was the life and professional achievements of Dr. Benjamin Rush. Immediately following this, came the Report of the Rush Monument Committee, which was made by the Chairman, Dr. Gihon. This was a report of progress, accompanied by a telling appeal to the patriotic and professional spirit of the medical profession, and at its conclusion a large number of subscriptions to the Monument fund were paid in to Dr. Toner, the Treasurer.

A number of proposed amendments to the Constitution were then taken up for consideration. Most of these related to changes in the arrangements of the Sections: one proposed to make a section on Pharmacy and Materia Medica, to be composed of members of the State Pharmaceutical Association; another, to take gynecology from obstretrics and add it to surgery; another, to take anatomy from surgery and add to the former physiology; another, to add genito-urinary surgery to dermatology and syphilography. All these were promptly rejected, almost without discussion.

A somewhat heated and protracted discussion arose over the proposition to substitute a permanent committee, composed of two members from each body now entitled to representation on the Nominating Committee, for the nominating committee.

This discussion was very interesting, and developed the fact that the Association appeared to be divided between the desire for the stability and an opportunity for deliberate action, and the fear of an organized body of schemers. The latter finally prevailed. Even the impassioned appeal of Dr. N. S. Davis—whose wishes generally find little effective opposition—failed to carry the amendment through, and it was defeated by a considerable majority.

At a meeting of the Nominating Committee, Dr. Moore, of Rochester, was selected for the next President, and Nashville as the place for the next meeting. The Pennsylvania delegation suggested Dr. Pepper for the Presidency, and Philadelphia for the next meeting-place. But partly on account of an unfortunate mishap, and partly for reasons which are familiar to all who attend the Association meetings regularly, the hopes of the Pennsylvania delegation were not fulfilled.

The work of the sections to-day was so active that a number of them had to hold extra sessions, which were well attended and of great interest. The Section on Surgery was especially well attended, and very interesting. The papers and discussions were so arranged that in the afternoon there was a long and earnest consideration of the methods of operating for stone in the bladder, and in the evening of hernia and its treatment.

THURSDAY, June 27.

The announcement of the Nominating Committee this morning confirms what I wrote yesterday. Dr. P. S. Conner, of Cincinnati, delivered the Address on Surgery, a carefully prepared paper, in which there was an able study of the nature of carcinoma. The Trustees of the *Journal* made their annual report, showing the circulation of the *Journal* to be over 4,000 copies each week. The total expenses for the year ending March 31, 1889, were $22,972.10. The *Journal* has furniture, type, etc., valued at $2,313.90.

No announcement was made as to the choice of an editor, and it is expected that, for the present, the *Journal* will be conducted without any nominal editor, as it has been for the last few months.

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—Last winter the Vienna Medical School was attended by one hundred and fifty British and American medical graduates, among whom were many Edinburgh men. As many medical students, on their arrival at Vienna, do not know German, the Vienna *Weekly News* has opened a special "medical inquiry office" near the hospital, where information as to lectures, lodgings, etc., is given without charge to British and American medical men. The same journal publishes weekly a list of forthcoming courses of lectures at the Universities of Vienna and Berlin.

PERISCOPE.

Two Cases of Phthisis Treated by Intra-pulmonary Injections.

In the *Boston Medical and Surgical Journal*, May 9, 1889, Dr. Vincent Y. Bowditch reports two cases of phthisis in which intra-pulmonary injections were resorted to. The solution employed is as follows:

Atropinæ sulph.	gr. ⅓
Morphinæ sulph.	gr. ii
Tinct. Iodi.	f ℥ iii
Acidi carbol.	gtt. xx
Glycerini	f ℥ iss
Spir. Vini rect. (*dil.* 20–30 per cent.)	f ℥ iss.

M.

Fifteen minums of this solution were injected to a depth of one and one-half to two inches. The following are synopses of the two cases:

Case I.—Man, twenty-four years old, with phthisical family history, suffering with an acute phthisical process in the right lung; severe cough, fetid expectoration, increasing emaciation and loss of strength. Immediate improvement in all the symptoms after one intra-pulmonory injection in the right apex, the same phenomena occurring after three subsequent injections in an interval of three months. Complete arrest of disease and renewal of health for four months. Sudden appearance of tubercular disease in left lung at the end of this time. No apparent relief from three injections into left lung. Rapid failure up to the time of the report.

Case II.—Man, twenty-six years old. Acute and far-advanced case of phthisis. Evidence of large cavity at apex of right lung, with general infiltration below. Very great relief from severe cough and expectoration by two injections into the right apex at an interval of a week. Marked change in the physical signs at the point of injection, within a few hours after operation. Death three and one-half weeks after entrance.

Dr. Bowditch thinks the results in these cases have been sufficiently encouraging to justify further trial.

Torsion of Arteries for the Arrest of Hemorrhage.

At the meeting of the National Association of Railway Surgeons, at St. Louis, Mo., May 2 and 3, 1889, Dr. J. B. Murdock, of

Pittsburgh, read a paper on "Torsion of Arteries for Arrest of Hemorrhage." He said that upon no subject has the medical profession been more conservative than upon the manner of arresting hemorrhage after wounds of the arteries and veins. Since the time of Celsus, notwithstanding the numerous methods which have been proposed for this purpose, only two, viz., the actual cautery and the ligature, have received the indorsement of the profession. But, if the profession has been slow to indorse new methods, its confidence once gained has not been easily shaken. This can be illustrated by the tenacity with which surgeons adhere to the use of the actual cautery after the discovery of the ligature. The twisting of an artery to arrest bleeding is of ancient origin. It has been advocated by such surgeons as Amussat, Dieffenbach, Schrœder, and Syme. But the credit of bringing it prominently before the profession and establishing its efficiency is due to Bryant, the present distinguished surgeon of Guy's Hospital, London. At this hospital the ligature is seldom used, torsion being chiefly relied upon. Mr. Bryant tells us, in the last edition of his "Surgery," that in 200 consecutive amputations of the thigh, leg, arm, and forearm, all of the arteries were twisted, 110 of them being the femoral artery, and that in no case was there secondary hemorrhage. At the Western Pennsylvania Hospital, of Pittsburgh, torsion is almost exclusively relied upon to check the hemorrhage from wounded arteries or veins. Dr. Murdock's experience with torsion as a hemostatic dates back to the year 1872, when he became a member of the hospital staff; and for the past fourteen years he has not had a case of secondary hemorrhage which could be fairly attributed to torsion. A table showing the number of arteries divided in cases of amputation where torsion has been resorted to for the arrest of hemorrhage at the Western Pennsylvania Hospital, is as follows:

Femoral, 95 times; popliteal, 14 times; axillary, 15 times; anterior tibial, 276 times; posterior tibial, 276 times; brachial, 62 times; radial, 40 times; ulnar, 40 times. Total number of torsions, 818.

The advantages of torsion as compared with ligation are:

1. The greater facility with which it can be applied.

He said he was fully aware that this proposition is disputed, but to those who are familiar with both methods there can be no doubt that torsion is the easier of the two. For the ligation of an artery an assistant is required to seize the vessel and draw it out while the ligature is applied. For torsion the surgeon requires no assistant. .The vessel must be seized by the forceps in either case. In torsion it only requires three or four turns of the forceps to complete the process, which can be accomplished in as many seconds.

2. Torsion is a safer method, being less liable to be followed by secondary hemorrhage.

3. Healing is facilitated, because the wound is free from any irritating or foreign body.

Characteristics of the late Syphilides.

Dr. Henry W. Blanc, in a communication to the *St. Louis Medical and Surgical Journal*, May, 1889, expresses the opinion that the cutaneous lesion of long-standing syphilis is a local one, confined to narrow limits on the surface, and it consists either in a tubercular deposit or the result of it—an undermined ulcer. These deposits, and consequently their resulting ulcers, he says, are generally arranged in groups, reniform or crescentic, and seem always about to form a ringed or circular patch, though the rule is that they fall short of doing so. Frequently several of these crescentic patches are seen close together, and their arrangement presents the outline of an incomplete circle or ellipse.

Viewed attentively the syphilitic lesion is seen to be a series of tubercles placed side by side, or separated by short spaces, and it is to the existence of these separate deposits that the scalloped edge of the syphilitic plaque owes its existence.

Diagnosis of Obscure Disease of the Bladder.

Mr. E. Hurry Fenwick, in a communication published in the *British Medical Journal*, May 4, 1889, gives the results of fifteen months' experience with electric illumination of the bladder in the diagnosis of obscure disease of that viscus.

The conclusions derived from the consideration of the cases cited relate to

1. The Relative Frequency of Benign and Malignant Growths. Sir H. Thompson has said that "villous growth (papil-

loma) is in fact of all varieties that which most commonly affects the bladder.'' This, Mr. Fenwick says, is not supported by the statistics of the removal of vesical tumors, which show a very large percentage of recurrences; nor is it warranted by the number of "cures" effected. Thus, out of 29 cases, Sir Henry Thompson records 5 complete cures. Again, Guyon has reported 22 cases of vesical growths upon which he has operated, and only 3 of these were benign. His own list for this last year comprises 20 cases of vesical growths, and only 2 of these were benign. Moreover, he says that in preparing the Jacksonian Prize Essay, he examined the various museums of Europe, and found 150 to 200 cases of carcinomatous vesical growths without difficulty, but only about 50 specimens of undoubted papillomatous growth.

2. The Onset Symptom. Professor Gross, in attempting a differential diagnosis between malignant and benign growths, asserts that if the hæmaturia precedes, with long intervals of rest, the irritability and pain, the tumor is probably of the benign type; and, on the contrary, if irritability and pain appear first, the growth is usually malignant. This statement, which has been freely recopied, is, Mr. Fenwick believes, inaccurate and misleading. Most of the 15 cases he has quoted and examined comparatively early, say within two years of onset, have had painless hæmaturia as an onset symptom; and from these and other cases he is led to believe that the onset of hæmaturia is determined rather by the softness or delicacy of the growth, and the degree of traumatism to which it chances to be liable from its position in the bladder, than by its malignant or benign character. Moreover, the pain and irritability depend more upon the provocative power of the growth to excite reflex action than upon its nature. Thus, a firm benign growth, situated nearer the orifice, or so pedunculated as to readily engage the sensitive neck, will excite pain and irritability at an earlier period; or, again, any growth, by inducing localized cystitis, will evoke similar symptoms. He is forced to believe that this mistake has probably arisen from comparing symptoms due to a hard infiltrating growth, which irritates and stimulates the muscular wall long before it bleeds, with those induced by typical villous papillomata.

3. Site. Vesical carcinomata originate usually on the posterior wall, usually just behind the ureteral orifices or the interureteral bar, and grow toward the best blood-supply.

Diagnosis of Tubercular Tumors of the Pons.

Dr. J. Magee Finny, in reporting a case of tubercular tumor of the pons, in the *Dublin Journal of Medical Science*, summarizes the symptoms as follows, and thinks that to a large extent they may be taken as typical of tumor of the pons: Incomplete paralysis of motion and sensation of the right arm and leg, with a loss of muscular sense; paralysis of the left side of the face (alternate or crossed paralysis); conjugated lateral deviation of the eyes to the right side, with paralysis of the left sixth nerve, and associated paralysis of the right third nerve supplying the internal rectus; slight optic neuritis of the left eye; unsteadiness of gait and weakness of the right leg, and a tendency to totter backward; paralysis of expulsive power in bladder and rectum; a fortnight later, bulbar paralysis, involving the tongue, lips, and pharynx was added, and with it a sensory paralysis of the right side of the face; and still later on, double optic neuritis of much intensity; paralysis of respiration; convulsions and coma.

Tubercular Lesions of the Uterus.

The Paris correspondent of the *New York Medical Journal*, June 1, 1889, says that chronic tubercular endometritis, according to a study of it just made by Dr. Jouin, is a much more common disease than the secondary tubercular degenerations of the rest of the female genital system. It also has symptoms that are peculiar to itself and important to recognize, as a failure to do so leads to an incomplete method of treatment. It is easy to understand that the uterus is disposed to such troubles, owing to the fact that its mucous membrane is soft, spongy, and rich in tube-glands, thus making it essentially favorable to the development of Koch's bacilli, while on the other hand the bladder, urethra, and vagina have a thick mucous membrane covered with pavement epithelium.

Dr. Jouin gives the histories of nine patients whose cases he divides into four classes. The first class contains two cases of tubercular endometritis which followed coition with a man who was afflicted with genital tuberculosis. The second set consists of two more patients, whose husbands had phthisis but no apparent sign of local trouble of the genitals. The third class consists of three cases, where no cause could be found for the disease, but in two of them M. Jouin saw symptoms of genital tuberculosis arise in the husbands of the women affected with tubercular endometritis, while the third husband became affected with pulmonary phthisis after a few years. The last two cases, forming the fourth class, were cases in which no cause could be traced, and the disease did not seem to have been conveyed to the husbands. The diagnosis was confirmed in every case by microscopical examination and also by peritoneal inoculations of guinea-pigs. The predisposing causes of this affection are those of tuberculosis in general, and local causes are lesions of the os uteri, inflammation of the region, the use of linen that may have been soiled by the sputum of tubercular patients, also badly cleaned instruments, but, above all, it must now be admitted that sexual intercourse has considerable importance in the etiology of this affection.

Chorea as a Symptom of Iodoform Poisoning.

Prof. Demme, of Berne, describes in the *Therapeutische Monatshefte* a case in which chorea occurred as a symptom of iodoform poisoning. Demme operated on a boy 6 years old, for retropharyngeal abscess, scraped away carious bone from the fourth cervical vertebra, and laid an iodoform pencil in the fistula, the external wound being dusted with iodoform and covered with iodoform gauze. On the evening of the third day after the operation, the patient complained of nausea and violent frontal headache, associated with weakness and loss of appetite. These symptoms diminished in the following days, and when the dressing was changed a new iodoform pencil was introduced. On the following morning, disturbances similar to those occurring first appeared a second time, and at the same time itching of the arms and limbs. These increased in the course of the next two days, and characteristic chorea minor developed. Substances containing iodine were easily found in the urine. The iodoform dressing was now removed and the wounds cleansed; but without speedy result. Very slowly at first, under the administration of arsenic, the chorea disappeared and by degrees the other troubles also. To cure a fistula which still persisted, spraying with iodol was employed, and iodol dressings. After fourteen days chorea again appeared, attended with the same symptoms as before. Demme attributes the occurrence of the chorea to poisoning with iodoform.—*Wiener med. Presse*, May 5, 1889.

Intussusception of the Small Intestine.

At the meeting of the Clinical Society of London, May 10, 1889, Mr. G. H. Makins gave the notes of a case of intussusception of the small intestine. A female child, 4 years old, under the care of Dr. Goodhart, was in the Evelina Hospital, suffering from whooping-cough and broncho-pneumonia. On December 1, 1888, she complained of pain in the stomach and was sick at times, retching continually between the acts of vomiting. On December 2, the condition was worse, the child vomiting frequently, suffering attacks of paroxysmal pain, and the bowels were confined. Chloroform was given and examination of the abdomen revealed a tumor in the umbilical region. A rectal examination proved negative. Dover's powder in three-grain doses was ordered every second hour. A normal motion was passed after the rectal examination, but there was at no time tenesmus or passage of bloody mucus, and little distension of the belly. On December 3, the abdomen was opened, and after attempts at reduction of the invagination had failed, the tumor, involving about nine inches of the ileum, was excised between ligatures, and an artificial anus established. The child died two hours later of collapse. The special symptoms pointing to invagination of the small intestine were alluded to, also the tightness of the adhesions present; as, even after removal and longitudinal section, they were with difficulty separated. The unsatisfactory nature of the results of the operation of laparotomy and reduction was noted, and it was suggested that in all cases where a short but careful examination showed that reduction would be difficult, the invagination should be excised between ligatures, and an artificial anus established at once. The arguments on which this suggestion was based were the unsatisfactory results obtained, due in part to the prolonged character of the present operation; and, secondly, the fact that the bowel in fatal cases either remained paralyzed or the intussusception recurred. Were resection resorted to early, instead of as a last resource after prolonged attempts at reduction, the operation would be most materially shortened, and the patient would have a much better immediate chance of recovery.—*British Med. Journal*, May 18, 1889.

Quinine in Pregnancy.

At the meeting of the Glasgow Obstetrical and Gynæcological Society, April 24, 1889, Dr. R. Park read notes on the action of quinine in medicinal doses on the pregnant uterus, with an illustrative case. Mrs. C., 27 years old, three years married, never pregnant, consulted him in August, 1886. He found her suffering from retroversion of the uterus with tender fundus. This was replaced without difficulty, and a Hodge pessary introduced, with immediate relief. She soon afterward became pregnant. In August, 1887, when about five and a half months pregnant, she was threatened with a miscarriage — considerable flooding and rhythmic pains—which subsided, however, on the administration of opium and small doses of ammoniated solution of ergot, and on December 31, following, she was delivered of a healthy female child. As to the cause of the hemorrhage, nothing could be elicited except that, three days previously, she had taken a dose of quinine to relieve neuralgia. He considered that she must have taken from ten to fifteen grains, from the effects produced on the head. The patient herself stated that soon after the singing in her ears stopped she began to feel uneasy about the lower part of the abdomen. Dr. Park said that, as the quinine produced such an effect in a dose within ordinary medicinal limits, it must, in smaller doses, have a distinct, though less obvious, action of the same kind. He believes that all tonics which act on nonstriated muscular fibre exert their influence over the uterus, except when its walls are the seat of inflammatory hyperplasia.

Dr. M. Cameron stated that he had met with cases in which he was inclined to attribute abortion to quinine.

Dr. G. A. Turner asked if the dose of quinine in Dr. Park's case had caused vomiting. He stated that while in practice abroad he had frequently used large doses of quinine in pregnant women, and had never seen any bad results.

Dr. A. Miller agreed pretty much with Dr. Atthill that those drugs mentioned by Dr. Park, namely, ergot, savin, quinine, strychnine, etc., have very little effect in producing uterine contractions even in the pregnant uterus, although he thinks it not improbable that the quinine caused this threatened miscarriage.—*British Med. Journal*, May 25, 1889.

Treatment of Inguinal Ectopia of the Testis.

At a recent meeting of the Surgical Society of Paris, M. Championniere called attention to the treatment of inguinal ectopia of the testis by fixing the testicle to the bottom of the scrotum by pressing on the little organ and forcing it out of the canal. M. Tuffier cited several cases in which the treatment succeeded. The testicle was fixed by two or three sutures passed through the external covering of the gland, avoiding as far as possible wounding it. The result is always satisfactory. M. Championniere said that for some time before the operation traction should be made daily on the testicle in order to facilitate its descent. M. Monod said that the fixing of the organ in the scrotum has been rarely practised hitherto. The operation was recommended first by Chelins, by Koch, and more recently by Max Schuller, in 1881. In order that the operation should succeed the testicle should not go up beyond the internal ring, and the boy should be from twelve to sixteen years of age; for after twenty success is very doubtful. In young children the affair should be simply watched, as migration of the organ is still possible. In case the ectopia is complicated by a hernia, the radical cure of the latter should be attempted, and the testicle fixed to the scrotum. M. Berger referred to the last work of John Wood, of London, concerning the radical cure of hernia in children, followed by fixing the testicle in the scrotum. Wood insists on the difficulty of operating when the cord is short. M. Berger said also that he had met with two cases in which the testicles at birth were in their proper position in the scrotum, but subsequently one went up into the inguinal canal, and finally into the abdomen.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

NOCTURNAL ENEURESIS IN CHILDREN.

Nocturnal incontinence of urine is one of the most distressing affections of children. While not serious as regards life, it is serious when one considers its depressing effect upon the mind of a child, and the fact that it may make him shy and backward, and that it directs his thoughts too much to the sexual organs. Treatment of this disorder is, in some cases, nearly, if not absolutely, fruitless. When local causes of irritation, such as adhesions between the glans and prepuce, can be discovered and remedied, the prospect of a cure is so much the better. This fact has led certain writers to advocate the general practice of circumcision as a prophylactic measure. But there does not seem to be any sufficient warrant for this proposal. In fact, there is no reason to believe that circumcised persons are less liable to incontinence than uncircumcised.

Dr. Simon Baruch, in a communication in the *Archives of Pediatrics*, April, 1889, states that he is informed by the superintendent of the Hebrew Orphan Asylum in New York City that among its five hundred and forty inmates—three hundred being circumcised boys—only about one per cent. is troubled with incontinence of urine. The average of incontinent children in the New York Juvenile Asylum, which has cared for thirty-six thousand children since its opening, is ten per cent., the average being nearly the same in boys and girls. But, as Dr. Baruch says, the fact that among the circumcised boys of the Hebrew Orphan Asylum incontinence is rare, does not necessarily indicate that circumcision plays an important *rôle* in this immunity, for a similar immunity is observed in the girls of the institution. Further, in the New York Juvenile Asylum, among sixty boys who suffer with incontinence, twelve are circumcised, eleven of the twelve being Hebrews. This statement indicates that circumcision is not entitled to the credit which it enjoys with certain writers as a method of treatment of incontinence of urine in boys.

Dr. Baruch states that until recently he has not been successful in the treatment of these troublesome cases, but that now he obtains excellent results. It is his practice to order a sufficient quantity of atropine at four o'clock in the afternoon, and at seven o'clock (bed-time) to insure a dilatation of the pupil. He says that one sixty-fourth of a grain, administered at these hours, is the usual amount required for children up to fourteen years of age. If the pupils are widely dilated when the second dose is due, it is omitted. In this way poisonous effects were avoided, and the children were able to continue in their usual routine of life.

The essential principle of this treatment consists in having the system of the patient under the influence of atropine during the sleeping hours. As to the results, Dr. Baruch states that sixty boys received from one sixty-fourth to one thirty-second of a grain of atropine daily, dilation of the pupil being secured in every instance except two. Although these boys had been occupants of the wet-bed ward for periods ranging from three months to as many years, after the treatment mentioned was begun, five wet the bed only once more; seven, twice; five, three times; four, four times; one, six times; one, seven times; one, eight times; and two, nine times. Of the whole number, sixteen wet the bed on the last day of the report. The rest of the entire number—twenty-nine—ceased wetting the bed after taking the first dose of atropine, and have continued free from the infirmity while under treatment.

The administration of belladonna for nocturnal eneuresis was first recommended by Trousseau, consequently there is nothing new in Dr. Baruch's treatment, except the method of giving it in such form and such doses that the patient will be under its full physiological influence during the sleeping hours. His investigations are not yet completed, and he states that the records in the girls' wards are so imperfect that he is unable to use them. It is not improbable, therefore, that later experience may not give as favorable results as he now reports; but, however that may be, the simplicity of the method of administration should recommend it for trial to those who have cases of this troublesome affection to treat.

ACCURACY IN REPORTS OF CASES.

Accuracy is a quality which, unfortunately, is not always found in reports of cases by medical men who write or speak ostensibly for the benefit of their professional brethren. A striking illustration of this is to be found in several English medical journals, published about May 24, 1889, which contain an abstract of the history of a case of so-called Tendon-Grafting, recited by Mr. Mayo Robson, before the Clinical Society of London.

If this report had been an accurate one, it would be of the most interesting character. As nearly as it can be understood, it describes a case in which the proximal end of a flexor tendon of the hand was sutured to the distal end of the extensor indicis: the subject afterward having relatively good movement of the hand, or of part of it. If only the report had stated exactly what tendons were concerned in the operation, and what portions of them; how much of the other tendons were injured or destroyed; what functional power remained to the man; the mode of suture employed; the route by which a flexor tendon was conveyed to the sheath of an extensor tendon; and how it came to pass that a single flexor acquired the power to act in harmony with the extensors and against the remaining flexors—if these things had been stated, how valuable would the report have been.

Such a case as this one seems to have been, would, if well reported, be among the rarest and most instructive cases of tendon-suturing, and would have a most interesting bearing upon important physiological questions. But it is not well reported, and the rare opportunity has been lost.

We call attention to this occurrence because it has proved so disappointing to the expectations raised by the first glance at it, and with a timid hope that reflection upon what seems to have been missed in the report, because of its incompleteness and inaccuracy, may lead to greater regard for these characteristics on the part of medical writers and speakers on this side of the Atlantic.

ETIOLOGY OF DIPHTHERIA.

Every practitioner of much experience has probably settled down upon a method of treatment which has proved to him most satisfactory for the average case of diphtheria. But there cannot be said to be a general agreement among medical men as to the cause of the disease. Perhaps the most widely received opinion of the etiology of diphtheria embraces the idea that at first it is a purely local affection, characterized by the appearance of false membrane, usually in the throat, and that the general systemic disease develops later from absorption into the circulation of the products of the decomposition of the false membrane, and that the constitutional disease is secondary and of the nature of a septic intoxication.

If we admit that in the mildest cases the affection is entirely local, certainly in severe and dangerous cases the disease either is, or very quickly becomes, constitutional. Moreover, the apparent existence of a period of incubation in diphtheria, and the occurrence, in certain cases, of headache, fever, and vomiting, before the appearance of any local lesion, favor the idea that diphtheria is an acute infectious constitutional disease from the outset. An additional argument in favor of this view might be drawn from the fact that, while the formation of a false membrane is one of the commonest manifestations of the disease, and one of great diagnostic importance, yet there are cases of undoubted diphtheria in which no false membrane is present.

The tendency of modern pathologists has been to ascribe infectious diseases to the action of micro-organisms and to the poisonous products—ptomaines—generated by them. Dr. Prudden, of New York, one of the most recent investigators of diphtheria from this point of view, contributes a valuable paper, embodying his researches, to the *American Journal of the Medical Sciences,* April and May, 1889. He has carefully studied twenty-four cases of diphtheria, and in all but two of the cases has demonstrated the presence of a streptococcus, which he observed, usually in large numbers, in the local lesions, and in a few cases, in small numbers, in the viscera. With regard to the production of diphtheria by inoculations of pure cultures, he has not been so successful. Inoculations of rabbits and pigeons produced erysipelatous or phlegmonous inflammation, abscess, and localized necrosis; but Dr. Prudden states that he has not succeeded in inducing in the mucous membrane of animals any lesions which could fairly be regarded as similar to the local lesions of diphtheria, as these are ordinarily developed in man. He explains this failure to produce the disease in animals by saying that apparently diphtheria, as it is seen in man, does not occur spontaneously in animals, and has not been induced experimentally by any of the numerous and variously modified inoculations thus far practised.

Examinations of mouth and tonsil crapings from thirty-one healthy and sick children, not apparently exposed to diphtheria, were made, and the streptococcus was never found, except in two cases of scarlatina in which diphtheria soon afterward developed. On the other hand, in examining throat and tonsil scrapings from forty children exposed to diphtheria in a hospital in which the disease was epidemic, the streptococcus was found in twelve instances. In two of these fatal diphtheria soon followed.

The last statement—that of forty children exposed to diphtheria only twelve were found to have the streptococci in the scrapings from their throat, and of the twelve only two (apparently) developed diphtheria—will appear to many to weaken Dr. Prudden's argument that the streptococcus he describes is the cause of diphtheria. For, if the latter view of the disease were true, it would be remarkable to find twelve subjects out of forty exposed to the same contagium—in condition to afford good soil for the streptococci—and yet having no diphtheria.

ANOTHER GIFT TO THE PRESBYTERIAN HOSPITAL IN PHILADELPHIA.

It has not been long since we recorded the gift of an administration building to the Presbyterian Hospital by one of the Trustees. Since then Lady Kortright, the widow of a former British Consul in this city, but herself a Philadelphian by birth, has given the sum of $40,000 for the erection of a Men's Medical Ward, and most recently the magnificent sum of $100,000 for the erection of a Convalescents' Retreat, to be used in connection with the Hospital, and to be managed by its Trustees. With this addition, the Presbyterian Hospital in Philadelphia will be one of the best equipped hospitals in the United States; and the possession of a place in which to care for its convalescents, without infringing upon the space needed for the care of acute cases, will be one of its most valuable features.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Volume i. 8vo, pp. x, 303. Published by the Association: 1889.

This volume contains the papers read before the American Orthopedic Association at its first annual meeting, in New York City, June 15 and 16, 1887. It includes articles from most of the men in this country who have given special attention to orthopedic surgery, and is an indication of the increasing attention which the subject is attracting. The interesting and instructive paper by Dr. De Forest Willard, on "Osteotomy for Anterior Curvatures of the Leg," which was published in the REPORTER, January 19, 1889, appears here as part of the Transactions.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third series, vol. x. 8vo, pp. lxxvi, 456. Philadelphia: 1888.

This volume of the Transactions contains the papers read before the College of Physicians of Philadelphia from November, 1887, to November, 1888, inclusive. Among a number of interesting and valuable contributions is a biographical sketch, by Dr. Horace Jayne, of the late Dr. Nathaniel Archer Randolph, whose career as one of the editors of the REPORTER was so suddenly cut off in 1887. It gives a good outline of the growth and development of one whose amiable character endeared him to many friends and whose literary abilities are known to all the readers of this journal. No one can read this sketch without fresh regret that a life so full of promise should have been so abruptly terminated.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. EDITED BY JOHN M. KEATING, M. D. Volume i, illustrated. Large 8vo, pp. xiii, 992. Philadelphia: J. B. Lippincott Company, 1889. Sold by subscription only. Price, cloth, $5.00; sheep, $6.00 a volume. The articles written especially for the work by American, British, and Canadian authors.

There are some books which it is easy to describe in a few words; there are others which it would require a great deal of space to discuss in any fitting way. Some are bad, and it is hard in a short space to indicate why they meet with disapproval and to justify the dissent which is expressed in regard to them; others are excellent, and the critic whose space is limited feels disappointed that he cannot enumerate—even if he cannot possibly exemplify—their attractions. The latter is the case with the volume before us. It occupies a field which has never been so well occupied before, and fills a want which almost every practitioner must have felt. The first volume contains a brief introductory by Dr. A. Jacoby, of New York, and the regular papers are introduced by an admirable article on the peculiarities of the Anatomy of Young Children, by Dr. George McClellan, Lecturer on Anatomy in the Pennsylvania School of Anatomy, Philadelphia. This is followed by a valuable one on the Physiology of Infancy, by Dr. Angel Money, Physician to the Hospital for Children, London, and by others, by Drs. Finlayson, of Glasgow, Byers, of North Carolina, Shakespeare, of Philadelphia—a beautifully illustrated article on Practical Bacteriology—one on Maternal Impressions, by Prof. Dabney, of the University of Virginia, and so on, in an array which it is impossible for us to follow. The space at our disposal permits only the statement that the first volume of this Encyclopædia justifies all the promises made in the prospectus, and whets the appetite of the reader for those which are to follow. The book is well written, well edited, and magnificently printed. Both sides of the Atlantic have contributed writers for it, and it comes from the press of one of the best publishing houses in the United States. Our readers will find it a valuable addition to their libraries, and, we believe, a great help in the exercise of their profession.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

295. ON THE BINOCULAR METAMORPHOPSIA PRODUCED BY CORRECTING GLASSES. BY J. A. LIPPINCOTT, M. D., Pittsburgh, Pa. From the *Archives of Ophthalmology*, No. 1, 1889. 30 pages.

296. REMARKS ON SPINAL INJURIES, MORE ESPECIALLY "RAILWAY SPINE," WITH HINTS ON EXPERT TESTIMONY. BY F. X. DERCUM, M. D., Philadelphia. From the *Therapeutic Gazette*, May 15, 1889.

297. REPORT ON THE TREATMENT OF FOURTEEN CASES OF DISEASE OF THE SPINAL CORD BY THE METHOD OF SUSPENSION. BY DAVID S. STEWART, M. D., Philadelphia. From the *Medical News*, June 1, 1889.

298. SUBACUTE PROGRESSIVE POLYMYOSITIS. BY GEORGE W. JACOBY, M. D., New York. From the *Journal of Nervous and Mental Disease*, November, 1888. 28 pages.

299. PRESSURE FORCEPS *versus* THE LIGATURE AND THE SUTURE IN VAGINAL HYSTERECTOMY. BY E. C. DUDLEY, M. D., Chicago. From the *Gynecological Transactions*, vol. xiii, 1888. 16 pages.

295. Dr. Lippincott's pamphlet contains a most interesting and instructive account of a condition produced at times by glasses used to correct astigmatism, and of the way in which it should be managed. As the title indicates, the paper is of a decidedly technical character; but the point which is most dwelt upon is very clearly laid down, and would interest all who wear cylindrical glasses.

296. Dr. Dercum's paper is as instructive as it is interesting, and this is saying a great deal. He discusses in plain language the very important subject of railroad and similar injuries to the spinal column and spinal cord, and makes very plain the possibilities of what is called "railway spine," and the duty of honest medical men and fair-minded lawyers in the presence of persons appearing to be affected with it. This is not stated in so many words; but he would be of dull understanding who could not gather it from what is said.

297. Dr. Stewart reports a series of cases of disease of the spinal cord, in which excellent results were obtained by suspending the patients after the method proposed by Motchoukowski and popularized by Charcot, as described in the Reporter February 23, 1889. As a number of discouraging reports have appeared since the attention of our readers was called to this method, it is pleasant to notice this one, which is decidedly encouraging.

298. Dr. Jacoby reports an interesting case of inflammation of the muscles, involving almost all those in the body, with admirable engravings representing the microscopical appearance of sections of the tissue. To this is added an instructive study of the whole subject, in which careful research and critical judgment are equally prominent. The subject is one which has not heretofore secured the attention it deserves—certainly not in this country—and those who read Dr. Jacoby's pamphlet will find in it much which will appear to them like a revelation.

299. Dr. Dudley advocates the use of strong pressure forceps instead of ligatures for the control of hemorrhage, and instead of sutures for closing the vaginal wound in vaginal hysterectomy. The advantages of this method consist chiefly in the shortening of the time of operation, which is such an important feature. It is clearly explained and strongly advocated by Dr. Dudley, who also suggests its applicability to operations for the removal of uterine myomata.

NOTES AND COMMENTS.

Salicylate of Mercury.

Dr. Silva Aranja calls attention to salicylate of mercury, for which he claims decided advantages. He asserts that it is easily borne by the stomach, and does not occasion either gastralgia, enteralgia, colic, or the diarrhœa which so frequently is the effect of other mercurial preparations, not excepting the protiodide and tannate, which have been recently so largely employed. He declares further that the salicylate never produces mercurial stomatitis. Taken internally, he says the salicylate acts more promptly than any other salt of mercury hitherto used.

Dr. Szadek's employment of the salicylate in syphilis and gonorrhœa, was noted in the Reporter, September 22, 1888.

Consumptive Sanitarium on a Novel Plan.

At Reinickendorf, a village near Berlin, it is reported by *Building*, a consumptive sanitarium is to be erected on a novel plan, utilizing the supposed therapeutic influence of association with certain animals. A large cylindrical building will be occupied in the upper part by the patients, while the ground floor will be given up to the accommodation of large numbers of milch cows, the exhalations from which will be conducted to the apartments above. A whey and buttermilk diet will also be contributed by the under boarders.—*Science*, May 24, 1889.

Treatment of Dysentery with Creolin.

Dr. N. P. Ossowsky communicates to *Vratsch*, No. 14, the results obtained by him in the treatment of dysentery with creolin. He employed creolin in one-half per cent. solution in the form of Hegar's large clysters, which he repeated in quantities of two or three quarts, two, three, and even four times a day. In this manner sixteen cases of dysentery were treated; in three cases the disease was cut short after three clysters, in nine cases the bloody stools ceased on the third day, in two on the fifth, in one on the sixth, and in one on the ninth day. They were severe cases throughout. Undoubted diphtheritic membrane could be demonstrated in the excrement of five patients. Ossowsky states that while in the city the widespread severe epidemic of dysentery had many victims, yet he had among his cases, in the Tobolsker Mieltär-Lazareth, no case of death. The clysters were in general well borne, and no disagreeable secondary symptoms resulted. The author's experience leads him to conclude that high irrigations with a one-half per cent. solution of creolin have a hemostatic effect, and exert upon the bowel no kind of irritation. The cases which set in acutely, with very frequent tenesmus and profuse bloody stools, run their course much more quickly and favorably than those beginning gradually and with slimy stools. The creolin clysters do not always prevent the subsequent development of a catarrh of the large bowel. The creolin clysters appear also to cause the latent malaria to break out. This occurred in ten of the sixteen cases in which a complication with a malarial affection existed. It is said that Kolokoloff obtained the very same results as Ossowsky in twelve cases in private practice with clysters of a one per cent. solution of creolin. Finally, it should be mentioned that the author obtained very good results with irrigations of one-half per cent. solution in one case of bloody diarrhœa, in a child eleven months old, and in his own child, nine months old, which was suffering with cholera morbus.—*Wiener med. Presse*, May 5, 1889.

The Treatment of Diarrhœa in Phthisis.

Dr. Polyák, of Görbersdorf, gives in the *Orvosi Hetilap* the results of some trials he has made of two recently suggested remedies in the diarrhœa of phthisis, viz., silicate of magnesia in the form of talc, which has been recommended by Debove, and lactic acid recommended by Drs. Sézary and Aune. About eight ounces of talc were well shaken up in a pint of milk, and this or even a larger quantity was given daily. As a rule, it arrested the diarrhœa after having been used for a few days, but if it was left off the diarrhœa returned. It was found, however, that patients liked the milk mixed with talc even better than ordinary milk, but it could not be taken for more than six or seven days, as after that time complaint was made of a troublesome feeling of oppression in the stomach and bowels. Dr. Polyák thinks it quite impossible that long-continued use of talc can heal intestinal ulcers. Lactic acid proved in his hands a much more satisfactory remedy. The initial dose employed was thirty grains per diem in four ounces of water; this was increased subsequently, but not more than seventy-five grains per diem was given. On the third day the diarrhœa and the pain were generally arrested, and during the next day or two the stools assumed their ordinary character. It was found advisable to continue to give small doses for some time longer. The patients bore the treatment well; it produced no diminution of appetite, and, unless continued for a long time, gave rise to no disagreeable symptoms. Dr. Polyák thinks it possible that even ulcers of the intestines may be healed by this means. —*Lancet*, May 18, 1889.

New Treatment of Acne.

Dr. James Startin, Senior Surgeon to the London Skin Hospital, writes to the *Lancet*, May 11, 1889, that, in addition to the ordinary treatment of acne by careful attention to diet, the use of chalybeates and vegetable acids, medicines, and sulphate of lime, and applications of sulphur and zinc, he has recently obtained some very good results in a number of cases by using a vaporizer, or steam producer, to which can be added the drug for the purpose of treatment. This process of steaming the skin of the face, he says, is not only very beneficial to the complexion itself, but speedily removes impurities and black specks, such as are seen in acne comedones, and the redness of acne rosacea. The vaporizer consists of an apparatus very much the same as that used for spraying carbolic acid, but is smaller. Its beneficial action consists in its power to assist the functions of the pores and to clease the skin of all impurities. It is very similar to the Turkish bath in its effects on the skin generally, and, like it, is delightfully refreshing to the skin. As soon as the steam is produced in the vaporizer, it can be applied at about a foot and a-half from the patient, for twenty minutes or half an hour, and the face should then be gently rubbed over with a soft towel. This handy little instrument can be used with benefit also in all diseases that affect the throat, lungs, mouth, ears, and eyes—such as diphtheria, croup, bronchitis, laryngitis, and asthma.

Hereditary Terror in Geese.

A correspondent of the *Revue Scientifique* vouches for the following story: For about twenty years he was in the habit of visiting two or three times each year a farm where was kept a flock of geese, numbering from thirty to thirty-five in the early part of the winter, and in the spring four or five, left for breeding purposes; these also generally being killed a few months later, after the new broods had attained their growth. In the month of July, 1862, on a feast day, the farmer and his men being absent, the geese were forgotten, and were attacked by dogs, which killed the most of them. The next evening at twilight the farmer thought they must have been attacked a second time.

He found them flying about in their pen much frightened, but the dogs were nowhere to be seen. The next day this terror re-appeared at the same hour, as it did on the following day, and from that time on. The correspondent of the *Revue* had forgotten this fact, when, ten years later, he chanced to be on the farm one evening and heard the cackling of the apparently frightened geese. When he asked for an explanation he was told that this had been kept up from the time they had been attacked by the dogs, that there had been no repetition of the attack, and that the flock had been renewed in the meantime at least three times. If this story is well authenticated we have a case of the transmission of terror to the third generation in a family of geese. —*Science,* May 24, 1889.

Milk Supply of Paris and Infant Mortality.

The Paris correspondent of the *Medical Press and Circular,* May 15, 1889, says that in a contribution by M. Ch. Girard to the French Society of Public Medicine, the author gives some interesting details on the milk supply of Paris and its influence on infant mortality. Every dairyman and milk vendor in Paris is visited, at least once a year, by an inspector appointed by the municipality, who takes samples of the milk and submits them for analysis at the municipal laboratory. An average of four hundred such analyses are now made every month. The result has been to bring about a notable amelioration in the quality of the milk sold, the proportion of "moistened" samples having fallen from 31 to 14 since 1881. During the same period of time the infantile mortality has decreased from 22.5 per 1,000 to 17, and although the integral difference may not be attributable to this source, there can be no doubt that the improvement in the quality of the milk, associated with the common use of a form of bottle more easily cleaned, are two important factors in this saving of life. This constitutes further evidence of the utility of the municipal laboratory, the foundation of which some few years since was the signal for so much bitter opposition, principally on the part of wine merchants, who foresaw clearly what would happen. So far, however, they have succeeded in averting the wrath to come, though for this they are indebted principally to the physical impossibility of securing a constant supply of genuine wines.

Abortive Treatment of Whitlow.

The Paris correspondent of the *Journal of the Amer. Med. Association,* May 25, 1889, says that Dr. Gaucher, in writing on the abortive treatment of whitlow, states that, to effect this object, it is sufficient to moisten slightly the painful part and around it with a little water, and to pass over this surface a stick of nitrate of silver. In a few hours after the skin becomes black, all pain disappears and the inflammation is arrested. No dressing is required, and the black color disappears in six days. The author relates that in a case of a fit of the gout, the great toe was much swollen and painful to the touch, rather red, and was the seat of lancinating pains which prevented the patient from sleeping. The toe was painted as above described, and the next day it diminished in size, the pain completely disappeared a quarter of an hour after the painting, and the patient got up and attended to his occupation.

Antipyrin in Locomotor Ataxia.

Dr. A. P. Buchman, of Fort Wayne, Indiana, writes to the New York *Medical Record,* May 25, 1889, as follows: "I have had under my care a case of locomotor ataxia in which the 'lightning pains' were unusually severe. The chest constriction was most agonizing. Fortunately, I gave a ten-grain dose of antipyrin, with the result of putting my patient at complete rest within an hour. Since then he keeps himself supplied with a quantity of ten-grain antipyrin capsules, and whenever, especially at night, the pains become annoying, one, or at most two, capsules secure a whole night's sleep. I began the use of the antipyrin about the first of March, and my patient has not missed a single night's rest since then."

Bromide of Potassium in Acne from Congestion of the Ovary.

Dr. Arthur Jamison, in the *Practitioner,* May, 1889, speaks of a case in which a young woman, 22 years old, consulted him for debility and profuse menstruation. The menses came on every fortnight, and there was a good deal of pain and tenderness over the right ovary. Dr. Jamison prescribed bromide of potassium, remarking to the patient that it would probably make her face—which was covered with an eruption of acne that for four years had resisted all treatment—rather worse than better, but that it would relieve her profuse menstruation. The result, however, proved to be very different, for after taking the medicine several months the acne improved very decidedly coincidently with the relief of the congestion of the ovary.

A Simple Inhaler.

Dr. Ernest E. Maddox gives the following useful suggestion for making a simple inhaler, in the *Practitioner*, May, 1889. In it such remedies as compound tincture of benzoin, menthol, and oil of eucalyptus may be used :

" Coil a piece of paper into the shape of a cigarette, and fix it with gum. Then insert into one end a small uncompressed piece of absorbent cotton-wool, upon which a drop or two of the desired medicament has been poured. Air is now drawn through the tube by the patient, who holds the other end between his lips. This plan is by many patients, especially by men, preferred to the use of any form of respirator, or to inhalations mingled with steam. These last, moreover, have a relaxing effect in some atonic conditions of the throat."

Of a number of remedies, including menthol, inhaled in this way by a patient suffering from pulmonary phthisis, he found that oil of peppermint gave most satisfaction. A small tube of vulcanite flattened like a cigarette-holder at one end, with a raised flange or border to be held within the lips, would doubtless, he says, answer still better; but an inhaler, which when needed can be made on the spot, has advantages of its own.

Ideal for a Medical Society.

In his interesting Presidential address before the Medical Association of Central New York, on May 21, Dr. William C. Bailey, of Albion, N. Y., presented the following picture of what a Medical Society should be :

"A medical society, to serve its highest purpose, ought to be the standard-bearer of the profession ; the magnet that will attract the physician from those secluded caverns of habit in which he, above all others, easily obscures himself—a lever that will lift the wheels of his professional chariot out of the ruts of established routine. It should be the physician's Mecca, whither he may journey, a pilgrim consecrating himself anew in his faith. It should be his Olympia, where he may seek social intercourse and friendship, a recreation for his wearied mind and body. It should be to him an Academia that will broaden his views of life, establish or strengthen religious principles, stimulate and elevate his moral nature. It should be his Athens, whither he may go for increased wisdom, learning in discussion, as did the philosophers of old, obtaining here a knowledge of all progress in operation, treatment, and literature. Finally, it may be his Delphi—the inspiration of his imagination ; for in medicine, as in all science, it is often the prophetic finger of Fancy that points the way to the undiscovered. The world is made up of individuals. In the individual we find a unification of various qualities ; and his success is assured who correlates—or, if I am permitted, educates—those qualities into such perfect harmony that they may attain the highest good. As each component part has its duties, the proper performance of which is essential, if the highest degree of perfection possible be desired, so in organized society the individual cannot wholly escape certain obligations that rest upon him, even though, like Byron's Manfred, he exile himself to the solitude of the Alps."

Sulphur in the Treatment of Sciatica.

Bouvard, himself a sufferer from obstinate sciatica *a frigore* since six months, narrates in the *Revue de Thérap*, April 15, 1889, the results obtained in his person by enveloping the affected limb in a thick layer of flowers of sulphur. The morning following his first application he remarked a distinct increase in the pain, and consequently functional impotence of the limb ; but three days later, not daunted by his experience, he tried it again. This time his courage was rewarded by marked relief, and a week later all that remained of the sciatica was a slight " sleepiness " of the limb. This, however, disappeared entirely after a third application. The local irritation caused by the sulphur was practically *nil*, but he remarked a very powerful and disagreeable odor of sulphuretted hydrogen from the skin and urine. Ten days after the cure of the sciatica an acneiform eruption made its appearance on the forehead and temples, and in three days the whole face was covered, and the skin over the body itched and smarted. This symptom, however, completely disappeared at the end of eight days. He then made another application of sulphur, in order to test its relationship with the eruption, and, surely enough, the eruption reappeared at the end of a week, and, though less severe, was longer in subsiding.—*London Med. Recorder*, May, 1889.

Treatment of Burns.

For superficial burns of the face, Dr. Christopher Heath, Holme Professor of Clinical Surgery in University College, London, recommends (*Lancet*, May 25, 1889) a mixture of

Collodion, ...	part 1
Castor oil, ...	parts 2

He says it does not set firm like ordinary collodion, but it sets sufficiently to hold its place and to protect the skin from the air, which is the great point, and at the same time without any injurious or uncomfortable pressure upon the part.

Nitrate of silver (10 grains to the ounce) also makes a good application; it smarts a good deal at first. It acts by forming a little superficial eschar all over the burnt surface, and in that way protects it from the air.

When vesication has been produced, the vesicles should be opened in a dependent portion, the serum let out, carefully preserving the cuticle, and then carbolic oil applied. Boracic ointment is another good dressing, and has the advantage of being greasy, and being to a slight extent aseptic.

When eschars have been produced, time must be allowed for the sloughs to come away. It is all-important to preserve the patient from the risks of pyæmia. For this purpose absorbent and antiseptic dressings should be used. Carbolic oil may be applied next the surface, and over that plenty of cotton-wool, in order to absorb the fluid. When an extensive surface has been burnt, it is good to dust a little iodoform upon them. Poulticing for twenty-four hours will not do any harm, especially if a little iodoform is sprinkled on them, when sloughs are slow in separating. When they have come away, or have been picked out with forceps, or snipped off with scissors, a large granulating surface will be found beneath, which may be more or less healthy or may be somewhat flabby and require the use of stimulating lotions.

Syrup of Tar.

Mr. F. W. Haussmann says, in the *Pharmaceutical Era*, June, 1889, that the following method of making syrup of tar is the least troublesome of all, requires less time, and is the most cleanly:

Oil of tar, dark, ...	f℥ss
Magnesia carbonated	ʒss
Sugar, granulated, ...	14 ozs
Hot water	a sufficient quantity

Rub the oil with the magnesia and two ounces of the sugar, and add gradually eight ounces of water. Allow the mixture to stand twelve hours and filter. In the filtrate dissolve the rest of the sugar without heat.

This method furnishes a permanent, dark-brown preparation of strong tarry odor and taste.

The Tampon in the Diagnosis of Chronic Endometritis.

Dr. B. S. Schultze, Professor of Gynecology in the University of Jena, says that he has found of value in the diagnosis of chronic endometritis, during a number of years, a tampon of absorbent cotton, freely soaked in a 20 to 25 per cent. solution of tannin in glycerine, and firmly pressed in the vaginal vault, previously carefully cleaned, so that the mouth and vaginal portion of the cervix are completely covered. The glycerine in the tampon draws the water freely from the surrounding tissues. The formed constituents of the uterine secretion will not, or only to a slight degree, be floated over the place at which they come in contact with the tampon. If the tampon is removed after twenty-four or forty-eight hours, there is found on it, if the uterus is entirely healthy, only a small quantity of cervical secretion, clear as glass. If the mucous membrane in a section above the mouth of the uterus is affected with catarrh, there is found, besides, on the tampon, pus which has come from the uterus.

NEWS.

—Dr. F. H. Rewhinkle, of Chillicothe, Ohio, died June 7, from the effects of an apoplexy.

—Dr. T. P. Mayo, well known as a surgeon in the army of Northern Virginia during the war, died in Richmond, June 20, aged 59 years.

—It is stated that Dr. Horace Mason Perkins, formerly of Higham, Mass., has been promoted to be guardian of the young Emperor of China.

—Thirty-one persons at Findlay, Ohio, were poisoned on June 22, by eating corned beef, and it is thought some of the cases will terminate fatally.

—Dr. William Arms, for many years a missionary to Patagonia, and to Borneo, Sumatra, and Java, died June 21, at Duquoin, Illinois, aged 87 years.

—Three of the crew of the bark Lamar, at Highland Light, Mass., from Tamatave, died on the voyage with beri-beri. The vessel was not detained at quarantine.

—Dr. George Ross has been appointed Professor of the Practice of Medicine and Dr. Richard L. MacDonnell Professor of Clinical Medicine in McGill University, Montreal.

—Recent news from Madras indicates that that portion of the world is ravaged both by famine and cholera. The province of Ganjam is where the epidemic has reached its greatest intensity. The official figures put the deaths at one thousand per week from cholera.

—The Board of Health of Philadelphia resolved, on June 18, to take legal measures to prevent the running of the passenger steamers on the Schuylkill river at Fairmount until the terms of the resolution of the Board relative to certain sanitary defects on the boats are carried out.

—The President of the Board of Health, New York City, accompanied by Dr. Nevins and a number of experts of the Board of Health, have made a tour of inspection of the piers and sewers of that city June 22. The recent report of Dr. Morris, on the dangerous condition of the piers, coupled with Brooklyn's fever scare, may result in a much needed purification of some of New York's filth-infested places.

HUMOR.

Mrs. Jason—"Jehiel, was there ever any such person as the fool-killer?" Mr. Jason—"What idiotic questions you do ask! How the dickens do I know! I never met him." Mrs. Jason—"Oh, I know that!"—*Terre Haute Express.*

Office Boy (to editor)—"There's a mad old gent outside, sir, wat wants to see you."

Editor—"Did he say what he wanted?"

Office Boy—"Yes, sir; he said that you printed a poem that his son writ, an' he says he'll have satisfaction or go to a hosspital."—*Once a Week.*

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OBITUARY.

ALBERT C. DEDRICK, M. D.

Dr. A. C. Dedrick, of Centreville, R. I., died at that place, on April 16, of pneumonia, after an illness of three days. Dr. Dedrick was 58 years old, and was graduated from the Albany Medical College in 1857. With the exception of one year, he has been a subscriber to the Medical and Surgical Reporter ever since its first issue. His son, Dr. A. C. Dedrick, Jr., survives him.

JOHN ECKERT SHAFFER, M. D.

Dr. J. E. Shaffer died at his residence in Elizabeth, Pa., May 31, 1889, at the age of 68 years. Dr. Shaffer received his degree of A. B. at Washington College, Pa., in 1840; was admitted to the bar of Kingwood, Va., in 1842; made M. A. in 1843; and was graduated from the Medical Department of the University of Pennsylvania, April 4, 1845. His medical preceptor was F. Julius Le Moyne, M.D., a man of varied attainments, and the builder of the first crematory in the United States. Dr. Shaffer practised medicine at Elizabeth from 1845 until 1881, being actively engaged all that time. He was the senior practitioner in the Monongahela Valley, and was foremost in every enterprise that looked toward the material progress of that region and the intellectual and moral growth of its people. Dr. Shaffer had eight children, eighteen grand-children, and one great grand-child. There has been no death in the families. Two sons, graduates in medicine, occupy their father's place, and are rapidly rising to eminence.

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CLINICAL LECTURE.

OVARIOTOMY.[1]

BY WILLIAM GOODELL, M. D.,
PHILADELPHIA,
PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

This woman, whom I bring before you to-day, had scarlet fever when very young. I doubt, however, whether this had anything to do with her subsequent ill health. At twelve years of age she had small-pox, and from then until now, when she is twenty-four years old, she has been an invalid. About five years ago she had also diphtheria. She now suffers from constant backache and headache. To these two complaints I do not attach much importance, because they are usually the symptoms of nerve prostration. But she has also severe pain in the region of the left ovary, and difficult locomotion. All these symptoms are exaggerated at her menstrual periods. She was for four months an inmate in another hospital, but without improvement. When I was first called to examine her, I found, it is true, that her left ovary was enlarged, but I thought that she exhibited nerve symptoms out of all proportion to the local disease. I therefore obtained a free bed for her in the Orthopædic Hospital, where she stayed eleven weeks, yet, although she had all the advantages of skilful treatment, with massage and electricity, she was not improved.

The attack of small-pox may have been the original cause of her ovarian disease; because this malady and the other exanthemata very often cause organic changes in the ovaries, which cannot be repaired. She is not only suffering and an invalid, but she is also poor and without a home; and for this reason I feel the more justified in performing oöphorectomy.

With antiseptic precautions, I cut down through the skin and fascia, and between the recti muscles, because, in this way, I have less blood than if I had divided any fibres of the muscles themselves. Cutting then through the preperitoneal fat, I come to the peritoneum, before dividing which all blood must be removed and any hemorrhage checked by pressure forceps. As there is no tumor in this case immediately beneath the peritoneum, I must use the more care, lest a bowel be wounded. I therefore make a small nick in the peritoneum, raise it upon my finger and carefully divide it, in this way being certain that there are no adhesions to the bowel below.

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[1] Delivered at the University Hospital.

I now change from the bichloride solution, which I have used thus far, to one of carbolic acid. Putting my finger into the abdominal cavity, I recognize the omentum, womb, and broad ligament. Feeling my way along the ligaments of the latter, I come to the left ovary, which is slightly adherent and much enlarged. These adhesions I always divide as much as possible with my finger. I now draw the ovary out, tie its pedicle with a Staffordshire knot—which is not, however, indispensable—and then remove the organ, cutting above the knot that I have tied.

I find this ovary not so much diseased as I had feared, though it is enlarged and was adherent. Now, upon examining the other ovary, I find this even more enlarged; and there are also some more marked adhesions. From the history of the case I feel warranted in removing this also. This being done, you see that it is decidedly larger than the other. It is the seat, too, of interstitial and cystic degeneration, there being a dropsical condition of the Graaffian follicles. These ovaries are about twice as large as they should be. Their natural size is that of a small almond.

In making my final examination, I find that the broad ligaments are taut. This is because they have been shortened by tying. Preparing now to close the wound, I put in three or four stitches to the inch, beginning their introduction from the peritoneal side, including also the edge of the cut tendon, which I draw forward, so as to bring it in contact with its fellow.

We now count the instruments and sponges, and by gentle pressure chase the air out from the peritoneal cavity. We are now ready to close the wound, taking care that each side of the abdominal wall is brought in contact with its fellow on the opposite side. A drainage tube is not used in this case, because the breaking up of the adhesion was followed by very little hemorrhage. If the adhesions had been great, or if there had been pus in the ovaries, a drainage tube would have been necessary. I would remark that in carrying out my method of antisepsis I take the following precautions:

1. I use for the pedicle from this first bottle, silk ligatures which have been soaked for twenty-four hours in a five per cent. solution of carbolic acid. This is a saturated solution.

2. The sutures in the second bottle, attached to needles, have also been soaked, since this morning, that is, about six hours, in this same five per cent. solution, not longer, lest the needles should rust.

3. Over the instruments I pour boiling water, which is cooled off later by a carbolic acid solution. But to this I attach very little importance.

4. The dressing consists of iodoform gauze, of a strength of fifty per cent. I have not so much confidence as I once had in Lister's carbolized dressing; because I think that the carbolic acid escapes, leaving only the resin and the paraffin.

The dressing of the wound requires: (1) that we cleanse and dry the part thoroughly; (2) sprinkling it with iodoform, *especially about the navel;* (3) iodoform gauze; (4) carbolized gauze; (5) adhesive straps. This dressing is to be left on for a week, unless there should occur great pain and a rise of temperature, which may be caused by a small abscess at the site of one of the ligatures. In such a case, it should be removed. I should mention here that the last thirty-five successive oöphorectomies that I have performed have been successful, so that I feel that I can give a favorable prognosis in the present case. For the after-treatment she is to have *absolutely* nothing by the mouth for twenty-four hours. If she becomes very thirsty, she may have an enema of milk, water or beef tea. Then, as little as possible will be given for the next twenty-fours hours, so as not to cause vomiting, which is always *dangerous*, especially from the succussion that it produces. At this time to-morrow, she may have half a cup of tea. Then every two hours, for six or twelve hours, half a fluid ounce of milk. This is to be increased as soon as wind passes from the rectum. Her bowels are not to be kept bound, but are to be opened on the third or the fourth day. If any tympanites or rise of temperature should occur to-morrow, I would give a saline cathartic, of which the best is Epsom or Rochelle salts. If the patient should, in a day or two, have vomiting and show symptoms of peritonitis, she will be given two grains of calomel every hour until the bowels are moved. The powder is to be placed upon the tongue and some, in spite of the vomiting, will *adhere* to the mucous membrane of the stomach. As an enema, half a fluid ounce of turpentine may be mixed with the yolk of an egg, and beaten up in a pint of water. Broth and chicken soup do not constipate as much as milk, and are for this reason often preferable. No opium is to be given for twenty-four hours, unless she suffers from severe pain; because it stops the emunctories and keeps the bowels distended with wind.

COMMUNICATIONS.

A CASE OF CHOLELITHIASIS.

BY GEORGE K. MESCHTER, M.D.,
AND J. R. CARE, M.D.,
WORCESTER, PA.

The subject of this sketch was an obese female, 75 years old, whose habits were sedentary. She had enjoyed good health until a week previous to my first visit, which was on the 15th of November last. At this time she experienced slight paroxysms of pain, in the right hypochondrium, nausea and indisposition. Upon my first visit I found her complaining of the pain above mentioned, failing appetite and debility. At this time there was well marked jaundice, and a coated tongue; her pulse was 68 and intermittent, her temperature was 98°, and her respirations 18 per minute. I visited the patient again on November 17, and found her in the same condition as on the previous visit, with the exception of the pain, which had subsided, from the influence of an anodyne. In making a careful examination of the abdomen at this time, I discovered a pyramidal tumor, about the size of a goose egg, just below the margin of the ribs, in the mammary line. This tumor was not tender upon pressure. The symptoms persisted for ten weeks as above, meantime the icterus had become intense; in fact, the skin was almost of a mahogany color. She now began to fail rapidly and suffered from insomnia and intense pruritus. The former was relieved by sulphonal, doses of twenty grains; the latter by a two per cent. solution of carbolic acid used as a wash. Her appetite was *nil*, and she became somewhat delirious at times and had a slight cough. Her condition continued pretty much the same until March 20, 1889, when she had a temperature of 102°; a pulse of 120; and labored respirations. Stupor came on, which developed into coma, and death closed the scene, on March 24, 1889, by failure of respiration, the heart continuing to beat for a short time after respiration had ceased. During her illness, her stools were white and pasty; her urine dark-green in color, but normal in amount. Treatment availed nothing so far as the jaundice was concerned. There was at no time any agonizing pain.

Post-mortem, held forty-eight hours after death. The body contained considerable fat; the abdominal cavity some sanguinolent fluid. The liver was markedly contracted, being only about three-fourths the normal size, and it was of a very dark-brown color. The gall-bladder was distended with about four ounces of a transparent greenish fluid, and extended two inches below the free margin of the liver. The cystic wall was hypertrophied and opaque. The cystic duct was found to be obstructed by a stone about the size of a hazel nut, with a marked constriction in the centre. The stone had become sacculated and had to be dissected out. It weighed twenty-two grains. In the cavity of the gall-bladder three other stones were found, of about the same size, globular in form and covered with a few warty excrescences. These three weighed sixty-two grains. The hepatic and common ducts were surrounded by a mass of inflammatory new formation, which completely obstructed them. When dissected out, and freed of the constricting bands, they were found to be pervious.

A PLEA FOR EARLY OPERATION IN OVARIOTOMY AND ABDOMINAL WORK.[1]

BY MORDECAI PRICE, M. D.,
PHILADELPHIA.

We are thankful to the pioneers in abdominal surgery. They had many difficulties to contend with, countless obstacles to overcome, and ungrounded prejudices to remove; these they met, and to a great extent abolished, notwithstanding the fact that most of the profession at large was against them. It is not with the past history of Ovariotomy, or the men who introduced it, or the pathology of the disease, that I wish to deal in this paper; it is the present, and the work of to-day that I wish to present.

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[1] Read by title before the Section on Surgery and Anatomy, at the Meeting of the Amer. Med. Association at Newport, R. I., June 27, 1889.

The crowning triumph of the nineteenth century in the department of surgery, has been the plea for early operation. The leaders in abdominal surgery, without an exception, have acquiesced in this teaching. The most noted surgeons are its strongest and foremost supporters. They have so educated the profession, that now large and complicated tumors rarely present themselves for operation. Not only is this so abroad, but in our own country the men who take foremost rank in abdominal surgery urge the importance of early operation. The good that this has done is well shown in the long list of recoveries of different operators.

A serious feature of delay is the effect of a death, after removal of a tumor, upon those of the neighborhood and county in which the patient may reside. Every death after the removal of a tumor is a direct blow to surgery, and will unquestionably be the cause of delay in uncomplicated cases, and directly responsible for rendering many others more desperate before they are submitted for operation. This is therefore a strong argument in favor of early operation, at a time when the patient's condition offers the best chances of recovery. For every recovery is an encouragement to others to undergo the operation and be restored to health. All of you, I have no doubt, especially those who do abdominal work, have travelled hundreds of miles to do an ovariotomy and found others in the neighborhood who will not submit this time, but will await the result of your first operation. If it be a success, they are all then anxious to undergo the risk for their relief, but, if it be a failure then do they wait for that more terrible end, slow destruction by the tumor. An early removal in trained hands has no reason or cause for failure.

It has been my fortune to see numbers of small tumors, from a hen's egg in size and upwards, removed during the last year, and all the patients, without the slightest trouble, making good recoveries. The patient went to bed in perfect health, with little less of physical power, save the slight pains and hemorrhagic symptoms which had called her attention to there being something wrong; when told what was the trouble, and what was best to be done, she at once submitted to the advice of her surgeon and avoided all the complications that mostly follow delay in these cases, such as, rupture of the cyst, peritonitis, hemorrhage, papillomatous growths, infection of the peritoneum, gangrene, pressure upon surrounding viscera, emaciation from long suffering and chronic invalidism and universal adhesions: a list of complications brought on by delay that should of themselves make converts to early operation of every member within the sound of my voice.

According to Peaslee, up to 1863 there had been 117 operations for the removal of ovarian tumors, with 68 recoveries and 49 deaths; all of them delay cases. What an argument in favor of early removal! The mortality records have slowly improved since that time, until now, in the hands of those who follow the teachings and methods of the best operators, their mortality has been reduced from 50 to the exceeding low figure of from 3 to 8 per cent. And even this mortality could be improved if it were not for the fact that there are yet many large tumors to be removed, many of them not coming under the care of a physician until the disease is far advanced, and then having the misfortune of falling into the hands of a so-called conservative surgeon, to advise delay.

The same arguments apply to dermoid tumors, with additional reasons for their early removal: their irritating contents, their semi-solid consistency, their existence from birth, their tendency to adhere to surrounding viscera, and their complication of labor, and danger of malignancy. They should be removed entire, if possible.

In cases of pus in the peritoneum, delay is not only dangerous, but murderous in the extreme, and prompt operative interference is positively demanded. In the first place, there is no such thing as idiopathic peritonitis; there is always a cause, a starting point to which these dangerous, inflammatory conditions can be traced. Inflammatory tubal troubles, often due to gonorrhœa, or to a diseased condition following abortion or childbed; from sepsis; injuries to internal organs; from blows; bullet or knife wounds; from perforating ulcer; from strangulation; from impacted gall-stone; from a diseased appendix—all of these conditions are sooner or later the cause of pus in the peritoneum. Sometimes there is a single abscess, or the abscess may be multiple, extending throughout the entire peritoneal surface. As the adherent and inflamed bowel and omentum are separated, these little collections of pus are everywhere apparent, and can only be relieved by abdominal section, with complete tearing apart of all adhering portions of bowel and omentum. If any portion be left unseparated, one of these small abscesses will remain to keep up the condition that is destroying our patient.

It is surprising what these patients endure and yet live, many of them suffering for years a state of chronic invalidism, with constantly recurring attacks of pelvic inflammatory trouble, until life becomes a burden, and they, in sheer desperation, demand that something be done. "Under no other condition does a woman," says Dr. Emmet, "show to greater advantage her natural tenacity of life and powers of endurance. I have seen the drain kept up for two years, and with a degree of hectic and emaciation unequalled in the course of any other disease, and yet recovery took place."

How many there must be unable to stand this great amount of suffering! What an appeal such patients make to the surgeon for prompt interference! It is their pluck and demands for relief that have had much to do with the present advancement of this department of surgery. All writers on this subject have testified to the part played by these brave women, and their terrible condition in bringing out much of the courage of the surgeons of to-day. They have been willing to undergo the risk of an operation for the slight hope of relief held out to them, and the successes achieved in these desperate cases has encouraged the surgeon to go on in the good work, not waiting as of old, but fearlessly attacking other cases in the beginning of their dangerous symptoms.

I well remember one of the first cases of pelvic abscess operated on by my brother, Dr. Joseph Price. The woman positively demanded relief, and was willing to undergo anything for a chance of life. The risk, as we now see it, was greatly magnified, yet she was willing to endure all this for a single chance of life. I well remember the horror of my feeling, when after opening the patient, everything was found matted together, and the outlook was anything but a good one. After separating adhesions, tearing away bowel and omentum, lifting up a displaced uterus, tearing away the enlarged and diseased ovarian tube where it had been matted and fastened to the pelvic floor, the abscess ruptured, and this rotten pus poured out into the peritoneum. I shall never forget my horror at the accident. To deluge the internal viscera with pus of this character was to me a free pass to the unknown world. I had been educated in the old school of peritoneal surgery, and firmly believed that any meddling or exposure would certainly result in death. After a complete irrigation and drainage, not only was this patient uninjured, but, from that moment on, her progress to health was uninterrupted. And from that day to this, I have seen scores of cases, in not one of which have we ever had cause to regret prompt operative interference, but numbers of times have I been called to the bedside of the dying, where the knife should have been used.

Where there is any reason to suspect strangulation, inflammation, ulceration or a lesion from any cause in the peritoneum, we should not delay until the last moment to investigate and remove that cause. I do not know of a single case in which the abdomen has been opened that sufficient cause has not been found to warrant the operation. But I know of numbers of cases in which, during life, the indications were positive for surgical interference, and in which the objection of the attending physician would not permit that effort to save the patient; where the post-mortem clearly indicated that operation would have furnished the only method of relief.

Now as to the prompt operative interference in extra-uterine-pregnancy, no one can for a moment question its advisability, when we examine this terrible mortality in these cases in some five years. Dr. Formad, in a letter to my brother, Dr. Joseph Price, published in the January number of the "*Journal of Practice*," Richmond, Va., makes this report: "In answer to your inquiry, I state that during five years of continuous service as Coroner's Physician of Philadelphia, conducting all the autopsy work, I observed nineteen cases of extra-uterine-pregnancy. I have reason to believe that more cases occurred. I may state the cases were all the same kind and nature, and have the following features in common: death from sudden and profuse hemorrhage in the abdomen, all within twelve hours, save one case. None of these cases was diagnosed before death, and the physicians called in usually regarded the case as one of gastric or intestinal colic."

How many more are treated for all sorts of troubles, living over the prescribed number of hours (twenty-four), the physician giving the certificate, and drawing on his unlimited imagination for the cause, we can only conjecture. Knowing how frequently this condition has fallen under our own hands, weeks after rupture has taken place, gives us some idea of the immense number suffering from this complication and demanding our prompt aid by abdominal section.

I will now give you some of my own figures on this question, and it is the only part of this paper that I claim as absolutely my own: From all sources in the last five years we have sixty known cases of extra-uterine-pregnancy; and—to be accurate—we will double it for those which are not recognized, making twenty-four per year for the city of Philadelphia, and some fourteen hundred and forty for the whole United States. With prompt recognition of the condition and prompt operative measures instituted, one-half of the worst cases should be saved, and ninety-five per cent. of the milder form. These cases should be recognized. There is no reason why they should be treated for cramps, strangulation of the bowel, etc. The symptoms are sufficiently plain to any one who has given the subject the consideration it deserves; they are as plain as any other surgical affection for which we may be called upon to operate. They include sterility for a length of time, it may be for years, menses delayed for two to three weeks or longer, agonizing pelvic pain, and collapse followed —if the patient lives—by recurring attacks of collapse and pain, constant uterine hemorrhage, loaded with shreds of decidua, with a mass in the pelvis of a boggy fluctuating consistency.

The intelligent physician of the present day does not remain satisfied with simply knowing that such accidents may occur, but will prepare himself not only to recognize the condition by study and patient training, but to promptly operate to save his patient.

There is but one way to treat these cases; that is by the knife. Electricity has no place, in my estimation, in its treatment. I hope the whole profession, in these cases, will become "saturated with the amateur craving for laparotomy," and will choose that way to the exclusion of every other. And they will be right.

BULBAR PARALYSIS, WITH MARKED DISTURBANCES OF PAIN AND TEMPERATURE SENSES AND OTHER PHENOMENA POINTING TO SYRINGOMYELIA.[1]

BY SOLOMON SOLIS COHEN, M. D.,
PHILADELPHIA.

WITH REMARKS BY CHAS. K. MILLS, M. D.,
PHILADELPHIA.

The case herewith reported exhibits a number of interesting features difficult of explanation. I have been unable to do more than exclude the various diagnoses in turn suggested by study of the case, and to arrive at the opinion that an irregularly diffuse and slowly progressive degenerative lesion exists, affecting principally the medulla oblongata. It is neither exclusively unilateral nor completely bilateral. It is incompletely destructive, as shown by the considerable preservation of function in the affected regions. At my request, Dr. Mills has examined the patient, and has made out a probable diagnosis of syringo-myelia, for which he will give his reasons. I am the more willing to accept this opinion, as I have excluded all the usual lesions which seemed to me at all probable. The visual failure is one of the most interesting symptoms, and seems to point to commencing degeneration, possibly in the optic lobes.

The patient is a man, fifty-five years of age, tall, large framed, and of powerful build. He has weighed 230 pounds, and has been capable of feats of great muscular strength. Thirty years ago he contracted the initial lesion of syphilis. He has had secondary, but not tertiary, symptoms. He cannot give the exact date of the onset of his disease, which probably developed insiduously. In 1872, however, he had attacks of nocturnal incontinence of urine, following relief of a stricture by dilatation and internal urethrotomy, and this symptom has persisted more or less ever since. In 1878 or 1879, his right eye gradually became affected with a peculiar form of ptosis. The lid is closed, but it is possible for him to open it and to keep it open. He finds it more comfortable closed, and hence ordinarily keeps it so. The pupil, he states, was then contracted, that of the left eye being dilated. Some years ago, suddenly and without apparent cause, the left pupil contracted and the right pupil dilated. In 1886, being annoyed by a constant biting of his cheeks, he had several teeth extracted. He felt no pain upon their removal. Since that, the present condition has gradually developed. The symptoms now presented may be best described in groups, as they affect motion, sensation, special senses, and organic functions, including nutrition.

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[1] Read before the Philadelphia Neurological Society, April 22, 1889.

Motion.—The right side of the face is partially paralyzed. The eye is closed; that is to say, there is apparent ptosis. It is only apparent, however, for the patient can raise the lid at will, and does so to do any work. He keeps the eye closed, however, to read or write. He can open and close each eye independently of the other. He has very nearly perfect motion of the eyeball, but there is some slight impairment in the internal rectus and in the superior oblique—not noticeable, however, except upon careful testing. The pupil is slightly dilated, but responds both to light and accommodation. When I first saw him, a year ago, it was almost completely dilated; a week or two afterward it became contracted; a little later it again dilated to its present condition; its diameter being larger than that of its fellow. The forehead, in elevation of the brows or in frowning, wrinkles nearly as much upon one side as the other, there being an equal number of lines, but somewhat less distinct in the nasal half of the right side. The fan-shaped lines around the eye are nearly as distinct upon the right as upon the opposite side. Below the eye there is a more marked paralysis. The labio-nasal fold is not so prominent as on the other side, but there is no drawing of the mouth, when at rest. The lips apparently move equally on both sides in smiling and talking, but the patient cannot whistle, and in the attempt to pucker the lips, a somewhat triangular aperture with the apex pointing downward and outward appears at the right side. Prehension and suction are difficult, so that he has gradually been compelled to reduce, and finally almost to abandon smoking. Mastication is quite difficult and very imperfectly performed. There is considerable difficulty in deglutition, so that solid foods must be washed down with water. Saliva accumulates to a great extent, on account of the difficulty in swallowing it; it can be ejected, but there is some impairment in this action also. There is a sucking-in or drawing-in of the cheeks, probably due to a tendency of the lower jaw to fall slightly and of the cheeks to fall into the space between the upper and lower teeth. The tongue exhibits fibrillary tremors. It is protruded to the left, though it can be moved in all directions. There is hemi-atrophy, the left side being the smaller. The difference between the two sides is not so marked at present as when the case first came under observation. That is to say, the right side has undergone partial atrophy as well. The various motions of the tongue can be performed, though with some difficulty. There is no paralysis of motion of the palate, or of the larynx. Speech is somewhat thick, the greatest difficulty in articulation affecting the labial and sibilant sounds. It has improved slightly under treatment. The patient's grip is good, his power of locomotion unimpaired, and he is not conscious of any paralysis of the limbs. However, the right leg at times feels somewhat heavy; and he admits that he is not able to lift as heavy weights or to walk as great distances without fatigue, as formerly.

Sensation.—This varies from day to day, but the following are the principal constant conditions: Tactile sense in general is almost perfectly preserved; at times there are places upon the face, lips, and within the throat where it seems blunted. The temperature sense is both blunted and perverted upon the right side of the face, more markedly below the eye, where cold is at times called warm. On the trunk and limbs the temperature sense is preserved, but the patient experiences a peculiar feeling of faintness upon the application of cold water, so that he cannot use it for bathing or washing. He has had to abandon sea-bathing for this reason. He could wade into the sea, until the water reached the upper third of the thighs, but beyond that it would cause this peculiar feeling of shock with sense of impending dissolution. The pain sense is peculiarly blunted; it is absolutely gone so far as sharp points are concerned, in the right side of the face, on the neck, and in irregular areas over the trunk and thighs. These, so far as observed, do not appear to be in relation to particular nerve distributions, but the patient could not submit to the very prolonged and tedious examination necessary to accurately define the limits of the analgesic areas, which affect both sides of the trunk, more especially above the line of the nipples, both arms and both thighs. To the continued electric current, sensation is perverted. Upon the left side of the face electro-cutaneous sensibility is almost completely absent; but there are a few points, especially in the canine fossa, where it is so acute as to be absolutely painful. Sudden interruptions of the current are felt as blows referred to the cathode, even upon places where the tingling of the uninterrupted current is not felt. Taste and light sensations can be awakened by interruption of strong currents. Sensation to the Faradic current seems preserved at all points, though perhaps quantitatively diminished. Itching of the eyelids, especially of the right side, is frequent. Occasionally neuralgic pains affect the legs, especially the right, and sometimes there are griping pains in the abdomen, not due to indiscretion in food or ordinary causes. There has never been headache. At times there is overpowering drowsiness; the head drops forward, and there is a sensation as of cold water being poured over the neck, followed by intense heat.

Special Senses.—Hearing is unimpaired. Smell is somewhat impaired. Taste is absent from the anterior portion of the tongue; but upon pressing the sapid substance—salt or sugar—against the hard palate with the tongue, taste is recognized. The patient says that he detects flavors of food swallowed. Sight is much impaired. No ophthalmoscopic lesion was discovered by Dr. Jackson, who indeed found vision exceedingly good. Dr. Jackson gives the following notes of the condition of the eyes:

" Mr. H. was first seen with Dr. Cohen, February 14, 1888, on account of an irritable ulcer of the cornea, which, under the use of eserine and applications of hot water, had quite healed ten days later. At this time it was noted that the pupils were small and reacted very slowly and imperfectly. The patient again came under observation August 31, 1888, and was seen several times in the succeeding three months. During this period there was no material change in the condition of his eyes, which was as follows: He complained of inability to read or use his eyes in business, and the right eye was constantly kept closed, by complete relaxation of the elevator of the upper lid, without any contraction of the orbicularis. Nevertheless, when requested to do so, he opened this eye fully, without evidence or sense of excessive effort, and kept it open as long as desired for purposes of examination.

" Both eyes presented compound hyperopic astigmatism, requiring for its correction:

R. + 1.50 sph. + 1.25 cy. axis 120, giving
  V. = $\frac{5}{5}$ partly.
L. + 2. sph. + 0.62 cy. axis 90, giving
  V. = $\frac{5}{4}$ most letters.

" His color perception was normal.[1] Fields of vision for form and colors, normal or very slightly contracted concentrically; that is, they were a little smaller than the average normal field, but were of normal shape. The ophthalmoscope showed that the optic disks were rather anemic and 'suspiciously gray,' but it could not be pronounced positively abnormal. Fundus otherwise normal. Media clear.

" The pupils were unequal. Right circular, 6.5 millimetres in diameter; left slightly ovoid with long axis vertical, measuring 4.5 mm. These were the dimensions of the pupils with the visual axes about parallel. There was no power of accommodation, but with strong convergence the pupils very slowly contracted to R. 5 mm., L. 3.5 mm., and upon relaxing the convergence, they very slowly dilated to their original size. They gave no reaction whatever to light.

" The extra-ocular muscles showed power of abduction 10 degrees, adduction 30 degrees, sursumduction sometimes as high as 6 degrees, sometimes as low as 1 degree. Vertical diplopia produced by a prism with its base up or down, showed exophoria (tendency for the visual axes to diverge), varying from nothing to 5 degrees, when looking at an object directly in front. A red glass placed before one eye caused crossed diplopia, which increased as the eyes were turned toward the right, and disappeared on looking to the left (special weakness of the right external rectus). With horizontal diplopia, produced by a prism so placed as to cause a horizontal displacement of the image on one retina, the visual axes sometimes remained on the same level; sometimes the right was directed higher than the left, sometimes the left higher than the right (right or left hyperophoria). Without the use of the red glass, or some such intervention, there is no squint and no diplopia; but he gives a history of diplopia in other years."

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[1] But the tones perceived by the right eye are always somewhat different in intensity from those perceived by the left. White at times appears slightly " yellowish red " to the right eye; but it can, nevertheless, detect a very faint blue. S. S. C.

The patient states that he cannot read or write for long periods, on account of failure of vision, and on account of dimness he has recently been compelled to intermit his occupation in the machine and carpenter shop he had fitted up in his home, to employ his time. Within a few weeks he has occasionally experienced sudden attacks of transient blindness, accompanied with vertigo. He has had occasionally subjective vertigo, without visual disturbance, for many years. He has never fallen or lost consciousness in any of these attacks. There are no other visual disturbances.

Organic Functions.—The heart's action is feeble and irregular. The heart is slightly dilated, but not sufficiently to account for the disturbance of its rhythm or the enfeeblement of its contractions. At times there are attacks of palpitation. The pulse is soft and will average some eighty-odd beats in the minute. There is rarely intermittence. Respiration is free and regular, and normal in its acoustic phenomena. Dyspnœa upon exertion is a recent and inconstant phenomenon. Digestion is not perfect, but offers no special neurotic phenomena. The appetite is failing, and assimilation does not seem to be good. Urination is at times difficult, at times involuntary. Incontinence occurs only at night, at irregular intervals, varying in duration from one to three or four nights. It is a frequent symptom. When there is no incontinence, the urine is, as a rule, scanty, varying in quantity from sixteen to forty fluid ounces per diem. It is of high color, odor, and specific gravity, containing an excess of urates and phosphates, some calcium oxalate, abundant mucus and epithelium, but no casts, albumin, or sugar. Defecation is irregular, constipation alternating with diarrhœa, the latter being often difficult to control. Recently there has been involuntary, but never unconscious, movement of the bowels at night. Sexual power has gradually become impaired, and has for some months been lost. Nutrition is evidently much impaired. There has been a loss of sixty pounds in weight within six months. The loss has been oscillatory, but, on the whole, progressive. It is more than can be accounted for by difficulty of deglutition, and has occurred despite special attention to the digestion, and the continuous use of highly concentrated and predigested aliment. The muscles are flabby, and, while of good bulk for a less massively designed person, are evidently wasted from former conditions. There are no fibrillary tremors.

Reflexes.—The knee-jerk and muscle-jerk are well preserved. The palate reflex is good. The presence of an electrode on the base of the tongue, or in the œsophagus or larynx, induces excessive gagging, even when used merely as a sound; and this becomes intense upon passage of the weakest current, the latter being extremely painful. Tactile sensation in these regions varies, but is apparently somewhat perverted, and the pain and temperature senses are blunted but not lost. Mentality is good. There is some disposition to repetition of old stories, and a forgetfulness of details, but the patient being called upon to bring order out of the complicated accounts of a relative's insolvent estate, was able to do so with great ease and clearness of judgment. There are occasional alarming dreams; but probably no more than any one might have. Co-ordination is perfect. The patient can execute complicated movements with precision, can stand with his eyes closed, and can balance himself on one foot.

Electrical Reactions.—All the muscles respond to a Faradic current, though with greatly diminished activity, especially on the right side of the face. Sensation to the Faradic current is preserved, but blunted. To the galvanic current, response is good in the limbs, but much diminished in the face, on both sides; the right more markedly. There are no degeneration reactions. The current produces marked hyperæmia of the part to which the cathode is applied. The patient, during the winter, would frequently complain, on entering the office, that his nose was icy cold, and it would appear blanched, and gave a sensation of coldness to the touch. The constant current, from four bichromate cells of a Flemming's battery, would, in a few minutes, restore the color and warmth. This application was excessively painful.

While the question of diagnosis, and not that of treatment, is the one to be discussed here this evening, I desire to say, in this connection, that I am satisfied that the electric applications have kept up the nutrition of the facial muscles, to a degree greater than could have been otherwise maintained. There is considerable improvement in the motion of the brow, and in articulation, and the face has not wasted to the same degree as the body generally. General galvanism has also been employed, but not so thoroughly as the facial applications. Digitalis and strophantin for the heart, in alternation; strychnine constantly for general nutrition; occasionally arsenic, mercuric chloride, and auro-sodium chloride, with temporary expedients to assist digestion, facilitate urination, and check unpleasant symptoms of various kinds, have been employed in treatment, after it had been abundantly demonstrated that mercury and potassium iodide were alike useless. Malt, alcohol, coca, and the most easily assimilable and concentrated articles of food, including beef-peptonoids, peptonized milk, etc., constitute the diet.

Remarks by Dr. Charles K. Mills.—This case is a difficult one for diagnosis, although Dr. Cohen has presented a clear and sufficiently elaborate history of its course and symptoms, and I have had the opportunity on two occasions of examining the patient in consultation.

Let me briefly summarize. Thirty years ago the patient contracted syphilis. Seventeen years ago he had attacks of incontinence of urine at night—a symptom which has been more or less persistent. Ten or eleven years ago he developed a form of ptosis or pseudo-ptosis, with curious variable disturbances of the pupils. Various manifestations afterward developed are: paresis of the right face with hemiatrophy of the cheeks and tongue and some fibrillary tremor of the latter. The motor distribution of the trigeminal is involved; mastication is difficult. His voice is somewhat changed and he has difficulty in swallowing. His right leg at times feels heavy. Both in face and trunk, the temperature and pain senses, and electro-sensibility are strikingly perverted, as detailed by Dr. Cohen. Smell is impaired, as is also taste in the distribution of the chorda tympani. He has impairment of sight with transient blindness, and without ophthalmoscopic appearances. Feebleness of heart action, with change in pulse, occasional dyspnœa, are symptoms referable to organic functions. Sexual power is lost. Nutrition is impaired and muscles wasted, but there are no fibrillary tremors, except in the tongue; and the wasting in the muscles cannot be yet said to be that of progressive muscular atrophy. Co-ordination is not impaired; but the patient has at times neuralgic pain in the trunk and extremities, particularly in his legs. These are frequently followed by patches of eruption on the cutaneous areas most affected by the pain. From the report, degeneration reactions are not present or are only partial. For several years the patient has been subject to vertiginous attacks, what he terms "dizzy spells."

The symptoms of this case, it will be seen, are those of what is usually termed bulbar paralysis, with some additional symptoms, such as the marked changes in the pain, and temperature senses, below the neck as well as above it, the involvement of the bladder, bowels, and sexual organs, the general wasting, and the attacks of pain with vaso-motor and trophic changes. The case differs from an ordinary one of so-called bulbar paralysis, in the presence of these additional symptoms, which apparently show some irregular involvement of the spinal cord. With the history, a syphilitic growth or progressive syphilitic disease of the finer basal bloodvessels might be suggested, but this diagnosis would scarcely account for the analgesia and thermoanæsthesia, ataxic pain, with eruptions, etc. An intermedullary glioma, producing practically the condition known as syringomyelia would seem to me to be the most probable diagnosis. If this lesion is present, it is, of course, most marked in the oblongata, but it may be present also as a less marked condition lower down in the spinal cord, possibly in both the cervical and the lumbar regions. The cavity which is produced by the breaking down of granular tissue in many of the cases of syringomyelia has involved or extended into the oblongata. Westphal and others have reported cases of syringomyelia with bulbar symptoms, with confirmation of the diagnosis by autopsies. Whatever may be the exact lesion present, the paralytic, trophic, vaso-motor, sensory, and other phenomena present in the face and body of this patient are certainly analogous to those which have been noted in a number of cases of syringomyelia.

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—Professor Wilhelm Schütz, one of the discoverers of the glanders germ, has been appointed Rector of the Berlin Veterinary College.

—The *London Gazette*, June 14, publishes a despatch from the British Representative at Manilla, declaring that port and neighborhood to be infected with cholera.

CORRESPONDENCE.

Supply of Reprints Exhausted.

To the Editor.

Sir: Please accept my thanks for your kindness in noticing so favorably in your journal of June 8, two pamphlets of mine. If I never believed it before, I am thoroughly convinced now of the very extensive circulation of the Medical and Surgical Reporter, for I have had a large number of requests from all parts of this country for those reprints, and all writers refer to your journal. My reprints are long since exhausted, and I cannot begin to answer each request by an explanation.

Yours truly,
Wm. B. Canfield, M. D.

Baltimore, Md.,
July 3, 1889.

Endorsing Diplomas in Pennsylvania

To the Editor.

Sir: In your issue for April 6, p. 441, allusion is made to the laws regulating Medical Practice in the State of Pennsylvania. The following will prove its defectiveness: Some months ago I wrote to the different Colleges in the State, inquiring their conditions respectively for endorsing a diploma granted by one of the most respectable Colleges in Ohio. The *Regular* colleges that I applied to demanded an examination and $25.00; whilst the *Homœopathic* college would endorse a diploma granted by a Homœopathic college *without any further examination*, and only required a $5.00 fee. The ideal medical regulating law should aim at a uniform standard of medical education and examinations throughout the United States. The degrees granted by universities and colleges should only be academical honors.

Yours truly,
J. J.

Owestry, England,
June 21, 1889.

Prognosis of Heart Disease.

To the Editor.

Sir: I wish to add my testimony to the sentiments expressed in the Editorial in the Reporter of June 8, on the "Prognosis of Heart Disease." Many years ago a clinical lecture by Dr. Alonzo Clark, now deceased, in one of the New York Hospitals, and published in the Reporter, attracted my attention, and I have never forgotten its teachings; the main lesson being that a diseased heart did not indicate, as a general thing, the sudden or speedy death of the individual affected. Before that time I had a great dread of diagnosticating any disease of the heart. The patient lost heart, and expected to drop dead suddenly or at best to die very soon. This lecture of Dr. Clark's changed my whole method of dealing with the large majority of such cases. I got more hopeful, and inspired more confidence and cheerfulness into the minds of my patients. In a country practice, of course, these cases did not occur often, and had I never read that lecture, I might have gone on prognosticating early and sudden death to my patients and little of value have attached to myself as a practicioner.

Not long ago I was told of a gentleman who journeyed some distance to be told that he was in danger of dropping dead every time he moved, and that he should never be alone if he left his room, and quite a little lecture of the same kind of advice. With all this—enough to kill a strong man—I am assured by the family physician that the gentleman died of pneumonia in his bed surrounded by his friends.

I may add to this letter—intended to be brief—that I have seen great good accomplished by digitalis in appropriate cases. I have also met with physicians who would not use it. I have never witnessed any serious results from its use. Of course, I should still observe caution in its administration.

Recently the strophanthus has been used in almost all cases of cardiac trouble. I think it has been of service in almost every case. I give from two to four drops—oftener two—three or four times a day. And I do not forget to give my patient all the encouragement compatible with my duty as a physician.

Yours truly,
* * *

—The *British Med. Journal*, May 25, 1889, says that leprosy is reported to be on the increase in Russia. During the last ten years, 49 patients were treated in the St. Petersburg hospitals, half of whom were natives of the city. The Baltic provinces suffer most from the disease.

NEW YORK CORRESPONDENCE.

Six Cases of Fractured Skull as Treated in Bellevue Hospital.

NEW YORK, June 1, 1889.

"It never rains but it pours." Three weeks ago it poured fractured skulls at Bellevue Hospital. For months not one had been received. The trephines grew rusty from disuse, and the much-abused cocci roosted in them in peace and comfort. But the storm broke at last, and in one week there were six operative cases. At this time, when brain and head surgery occupies so important a place and is absorbing so much attention, the cases are of especial interest, and hence are reported in detail.

William K., a German, 24 years old, was riding on a freight train, when he fell and was struck on the head. He was brought into the Hospital in a comatose condition, with a pulse beating 65, full and strong. An examination showed that there was an injury on the left side of the head, just over the external angle of the orbit, on the frontal eminence. From this wound protruded a tumor the size of an egg, composed mainly of blood-clot, mixed with brain tissue and lacerated muscular tissue. A compound comminuted depressed fracture was easily made out. There was no paralysis. The scalp was shaved, thoroughly washed, and then sterilized by Thiersch's solution, which was the antiseptic used throughout the operations. The patient was then etherized, and Dr. S. J. White, Jr., House Surgeon of the Division (Dr. Stephen Smith, visiting), enlarged the laceration by a crucial incision. When the flaps were dissected back it was found that the skull had been shattered over an area two inches in diameter; that the anterior sound border was depressed; that a fracture, extending downward, probably implicated the roof of the orbit (the left eyelid was filled with blood); that a fracture extended backward to the parietal bone, and that pieces of the fractured bone were driven into the brain tissue, which was considerably lacerated. The loose pieces of bone were removed, the depressed bone in front was rongeured off to the border of the orbit, and the posterior fracture was followed by the *rongeurs* for a distance, but not to its full extent, as there were no signs of clots and no depression. This operation left an opening three inches in diameter, with the brain tissue only partly covered with its membranes, there being one spot badly lacerated. The latter was an inch and a half in diameter, and the laceration was extensive, one piece of bone having been driven in an inch or more. The temporal muscle that had been partly cut was sutured with catgut, drainage by means of rubber tubes was arranged, the scalp wound closed by continuous silk sutures, and an ordinary antiseptic dressing of iodoform and bichloride of mercury gauze applied. Fearing meningitis, an ice cap was immediately applied, and the administration of nourishment begun. For the latter purpose pancreatinized milk was used. Ten grains of calomel was given. The patient rallied well and steadily improved. His highest temperature was 101°, and his general condition was all that could be desired. The wound closed almost entirely by primary union. However, ten days after the operation, a cerebral hernia began to show itself, and grew to be an inch in height. Slight pressure and thorough antisepsis were used, and at this date (June 1), two weeks after the operation, the hernia is rapidly decreasing, and has almost disappeared. The man is sitting up in bed, perfectly rational and comfortable, and the prognosis is exceedingly good.

Henry D., a strong, hearty fireman, was kicked in the head by a horse, and he was brought to the Hospital and placed in Prof. Stephen Smith's division. He was comatose and had a full, very hard, and slow pulse. There was a contusion over the left eye on the frontal eminence, and both eyelids were discolored and filled with blood. There was no paralysis. Dr. White made an exploratory incision through the contusion, and found a fracture running back to the parietal bone, and forward to the orbit, perhaps implicating the orbital plate. He trephined and removed a button of bone midway between the frontal eminence and the orbit. The dura mata was found intact, but showed considerable bulging, consequently it was incised. There was profuse hemorrhage, which was controlled by a ligature. The ends of this were uncut, so that they assisted in the drainage. The hemorrhage relieved the tension of the dura, and as no depression and no clot were found, the scalp wound was sewed up, the button of bone not being replaced. Bichloride of mercury solution, 1 to 5,000, was used, and in this case, also, primary union was obtained throughout. The man was nourished and stimulated, and his condition has steadily though slowly improved, and the prognosis is good. At this time, two weeks after the operation, his temperature ranges one or two degrees above normal, and his pulse 5 or 10 beats below normal. He is somewhat delirious at times, and the sclerotic coat of both eyes is strongly injected with blood.

James C., 10 years old, was kicked in the forehead by a mule on May 17, and was brought to Bellevue Hospital. A contused and lacerated wound was found and treated as such, no fracture being suspected. He was sent into Dr. Hartley's division, and next day was found to have a temperature of 101°, was stupid, his left eye was the seat of extravasation of blood, and the pupil of his right eye dilated. Dr. C. L. Lewis, House Surgeon, suspected a fracture, and on making an incision found a bad state of affairs. The orbital plate on the left side was torn off completely, and could have been lifted out. There was a compressed and comminuted area a half-inch in diameter in the middle of the superciliary ridge; one fissure ran back into the temporal ridge and another through the orbital plate. The head was shaved and sterilized, and large flaps of the scalp lifted off, so as to expose completely the fracture. The depressed and comminuted portion was lifted out with forceps, the inner half of the orbital ridge was taken off with the *rongeurs*, the posterior fissure was rongeured off a distance of an inch and a half, and a hole was ripped through the roof of the nose. The membranes of the brain, strange to say, were unbroken. The wound was thoroughly irrigated with Thiersch's solution, and drainage arranged by three rubber tubes, one in the posterior angle of the wound, another near its centre, and a third running from the wound through the hole in the roof of the nose and coming out of the nostril. The operation took place at 8.30 P. M., and at 1 P. M. the patient's temperature was 101.5°, pulse 112. During the night he pulled the drainage tube from his nose, and it was replaced next day without ether. At 3 P. M. that day he had his highest temperature, 103.5, pulse 124. On the fifth day the wound was dressed, and almost complete primary union found. He was in splendid condition and able to walk. The few points of suppuration had healed by the second dressing on the tenth day. His food was milk and egg-nog; no other stimulation was required. At this date (June 1) he is up and about the wards, anxious to go home.

Jas. F., 28 years old, a strong, healthy laborer, was struck on the forehead, May 15, by a pair of heavy iron tongs. He was sent to Dr. Hartley's division. There was an incised wound running from the nasal spine to the left, two inches long. There was extravasation of blood in the left eye, and the right pupil was dilated. Otherwise there were no symptoms, he being perfectly conscious and his pulse good and strong. Dr. Lewis extended the incision back over the temporal ridge, and thus obtained his flaps. He found a depressed area, three-fourths of an inch long and one-half inch wide over the internal angle of the orbit, and a fissure extending backward two inches and over into the orbital plate. He trephined on the edge of the depression, which was then raised, it not being necessary to take it out. The fissure was followed a short distance with the *rongeurs*, but not to its full extent, as there was no depression. The antiseptic fluid used was a solution of bichloride of mercury, 1 in 4,000. Drainage-tubes were inserted and the flaps sewed up. The patient was fed on egg-nog and milk. His highest temperature was 100°. At the first dressing, five days after the operation, the wound was entirely closed. At the end of ten days the patient was entirely recovered and was sent home. The dura had not been injured, and the button of bone was not replaced.

Mona B., a married woman, 40 years old, fell down a flight of stairs and was brought to the hospital in a comatose condition, with a temperature of 99.6° and a hard, compression pulse of 102. The patient's right arm and leg were paralyzed; she had incontinence of urine, and vomited clots of blood. She was at first motionless and quiet, but this gave way to tossing, restlessness, and groaning. She had to be fed by the stomach-tube, egg-nog and milk being given. There was a contusion over the left temporal ridge, near its centre, and deep palpation showed a fracture. Dr. Chauncey P. Biggs, House Surgeon, cut down upon it, and found a fissured fracture running downward to the base of the skull an unknown distance, it not being possible to expose it to its full extent. In the centre of the temporal ridge was an area of compression, two and one-half inches long and three-fourths of an inch wide. At one point a spicula of bone was driven far into the brain tissue, the dura being divided for an inch or more. The trephine was applied, and then, with the *rongeurs*, the depressed bone was removed. A small branch of the middle cerebral gave rise to profuse hemorrhage, which could be stopped only by a gauze compress. The dura was stitched with fine cat-gut, drainage was arranged, and the external wound sewed up. At the close of the operation the patient's temperature was 101°, and pulse 102. She was fed through a stomach-tube, nourishment and stimulation being pushed to the utmost extent. The next day the patient moved her right arm, and by the second day the movements had considerable power. She continued to pass her urine involuntarily. Her pulse and temperature gradually rose until, on the fourth day, they were 129 and 106.4° respectively. Then she failed and died. A *post-mortem* examination disclosed the fact that the fracture had extended through the greater and lesser wings of the sphenoid into the sphenoidal fissure. With the base of the skull so fractured death was inevitable. By trephining, however, the paralysis was overcome.

George R. was struck by a piece of timber in the back of the head, at the junction of the parietal and occipital bones, near the median line. There was a scalp wound through which a fissure could be determined. The patient was in coma, and the only symptom exhibited which was peculiar to pressure was an interference with sensation. There was no paralysis. Dr. Biggs trephined, removed the depressed bone, and found a clot between the bone and the dura, which was unruptured. The clot was a large one, at least two inches in diameter. It was scraped out and the cavity irrigated and packed loosely with iodoform gauze. Drainage was arranged and the wound only partly closed. The patient was at first fed egg-nog through a stomach-tube. The next day after the operation he regained consciousness and talked rationally. He was apparently doing nicely when his temperature began to go up. It gradually rose to 105°, when, at the fourth day death ensued. A *post-mortem* showed that there had been extensive fracture of the base of the skull.

SPECIAL CORRESPONDENCE.

THE ASSOCIATION MEETING AT NEWPORT.

(FROM OUR SPECIAL CORRESPONDENT.)

FRIDAY, June 28.

The interest in the general sessions of the Association usually subsides very noticeably after the Report of the Nominating Committee is made, and this has proved to be the case this year. This morning Prof. Wyman, of Cambridge, was brought on the platform, and greeted with applause, as a mark of kindly feeling on the part of the Association to the members of the profession in New England. Prof. William H. Welch, of Johns Hopkins University, delivered the Address on State Medicine, speaking of the causes of contagious diseases, and the influence upon them of proper ventilation, drainage, and so on. On motion of Dr. Hamilton, a resolution of sympathy for the inhabitants of Johnstown, Pa., was adopted; and it was ordered that the dues of all members of the Association residing in the flooded districts be remitted. A pleasant speech was made by Sir James Grant, of Toronto, and after the usual batch of resolutions of thanks, the meeting was adjourned.

The general impression made by this meeting of the Association is that it was a success. The papers read were of great value, and the discussions were more than usual interesting. The feeling among the delegates was friendly. The differences which not long ago separated the West from the East seem to be disappearing. The men who but recently succeeded in exciting antagonism between the members of the profession living on opposite sides of the Alleghany Mountains, seem to have lost the art of provoking discord, and it was noticeable that some of them had the appearance of being left very much out in the cold. This was a situation not unpleasant to those who desire harmony, and the real good of the profession.

As usual, the government of the Association is in the hands of the Western, rather than of the Eastern, men. This is a natural condition, as the West has the majority, and naturally retains the control. There seemed to be no disposition on the part of the men who represent the East truly to interfere with those who have so long conducted the business affairs of the Association and have brought it to its present position as a body representative of the profession throughout the whole country.

The canvass in regard to the Editorship of the Journal brought out an apparent preference of the Western men for a Western editor, and publication in the West, while the Eastern men apparently thought that the prospects for making it a strong journal, of high character and of wide influence, would be increased by having an Editor closely connected with the rich sources of medical literature which are to be found in the older sections of the country. The outcome of the canvass—if it could be called a canvass—was, as stated elsewhere, the determination of the Trustees to make no radical changes at present, and to publish the Journal under their direct supervision, without having a responsible editor. The result of this policy remains to be seen, and will be watched with great interest by those who feel an interest in the prosperity of the Association and its Journal.

The closing of the meeting was marked by an episode on Narragansett Bay which was not on the programme. The Steamer Eolus, on which was a number of the members of the Association, returning to their homes, came into collision, in a dense fog, with the Steamer Bay Queen. At first the situation was most alarming, but in a little while it was found that, although both vessels were disabled, neither was hurt below the water-line, and both were brought back to Newport by a steam tug.

FOREIGN CORRESPONDENCE.

LETTER FROM BERNE.

Guaiacol and Creasote in Pulmonary Phthisis.—Creolin as an Antiseptic in Surgical Practice.—Thrombosis after Uterine Operations.—Congenital Absence of the Pectoral Muscles.

BERNE, May 21, 1889.

As is known, Prof. Guttmann has shown that a 1 to 4,000 solution of creasote manifests a most marked inhibitory influence on the growth of the tubercle bacillus, while a 1 to 2,000 solution destroys the vitality of the microbe altogether. However, to charge the patient's blood with creasote in the proportion amounting to 1 to 4,000, it would be necessary to give him about fifteen grains of the drug a day, which, as Dr. Guttmann believes, is barely practicable without causing some unpleasant accessory effects. Now, however, Prof. Bourget, of Geneva, points out a method which allows, so to say, almost to saturate the patient's system with the substance in question, and that without inflicting upon him any mischief. The method is briefly sketched thus: First of all, Dr. Bourget administers internally not creasote but guaiacol, which, as Prof. Hermann Sahli, of Berne, has proved, represents the active principle of the compound. In summer-time the following formula is employed:

℞ Guaiacol . . . . f ʒ ii
Tinct. of quinine (Ph. Helv.) . . . f ʒ v
Malaga wine . . . . Oii

M. Sig. Take a tablespoonful (two minims of guaiacol) three times a day, during the chief meals, gradually increasing the dose to two or three tablespoonfuls.

In winter-time the "guaiacum wine" should be replaced by a cod-liver oil solution of the drug:

℞ Guaiacol . . . . ♏ xlv
Cod-liver oil . . . . f ℥ viss

M. Sig. A tablespoonful three times daily, with meals.

As a rule, the patients can tolerate well fifteen or even thirty minims of guaiacol a day without feeling any aversion to the remedy. Some persons, however, cannot bear its taste, and even become liable to a slight gastric irritation. In such cases the drug should be used in the shape of enemata, prepared after this formula:

℞ Guaiacol . . . . ♏ xxx
Oil of sweet almonds . . . . . f ʒ v
Pulv. gum arabic . . . . ʒ iiss
Fiat emulsio et adde aquæ . . . f ℥ xxviiiss

M. Sig. For four enemata.

This formula, however, is rather expensive, and hence should be resorted to only in the case of well-to-do patients. In poor practice the enemata may be made in this way: Take one yolk of egg, a tablespoonful of olive oil, and ten drops of guaiacol; rub them together energetically in a cup, and add gradually about one-half pint of water. In some cases it is convenient to alternate an internal administration of the drug with rectal injections—to give it for a fortnight internally, and for another by enemata. Simultaneously creasote should be employed in the shape of frictions:

℞ Creasote (beechwood) . . . . . fʒv
Cod-liver oil . . . . f℥viss

M. Sig. To be rubbed into the chest at bed-time every day.

Moreover, the patient should wear, day and night, a nasal respirator, containing two or three drops of the drug. The course of the treatment must last at least for three or four consecutive months. Of course, all ordinary tonic and strengthening general means should be employed throughout. The results obtained by Dr. Bourget from the method described are said to be highly encouraging. He promises to publish soon a series of illustrative cases.

At a meeting of the Cantonal-Aerztlicher Verein St. Gallen, Dr. Carl Schuler, of Rorschach, gave his experience in regard to creolin as a surgical antiseptic means. His general conclusions may be condensed as follows: Creolin is absolutely innocuous when employed externally, even in large doses. It is more effective than carbolic acid. It possesses a high deodorizing power. When applied in a two or three per cent. solution, it manifests a hemostatic action. At the same time the solution decreases suppuration most markedly and permanently. Under a creolin dressing any shallow and level wounds as well as ulcers, especially those of the groin, become cleaner and cicatrize with a striking rapidity. The substance does not attack either instrument or hands. Its only drawbacks are its viscidity and its want of transparency.

At a recent meeting of the Gesellschaft der Aerzte in Zurich, Professsor Wyder communicated an account of a rare and interesting case of extensive thrombosis occurring after removal of a fibroid tumor from the uterus. The patient was a virgin, 39 years old, suffering from a subperitoneal fibroid as large as an adult man's head, attached by means of a broad pedicle to the uterine fundus. Laparotomy was performed, and the tumor removed without opening the uterine cavity. The after-work was satisfactory up to the seventh day, when the sutures were removed too soon by an assistant. Shortly afterward, during a violent coughing effort, the abdominal wound burst and the intestines protruded. The reduction, however, did not present any difficulty. On the ninth day after the laparotomy, the temperature and pulse suddenly ran high, and the woman died. At the autopsy, there were found thrombosis of the vaginal, uterine, spermatic, and iliac veins, up to the inferior cava, secondary plugging of the left femoral veins, embolism of the inferior branches of the pulmonary arteries, infarction in the left lower lobe of the lung, and bilateral hypostatic pneumonia of the lower lobe. Professor Wyder draws attention to the fact that thrombosis after major operations about the womb seems to be peculiarly frequent in Zurich. He himself had recently met with two other cases of the complication, in one of which it ensued after Porro's operation, and in another after operative removal of a fibroid of the uterus (myotomy). The latter case, in which thrombosis had been limited to the femoral veins, fortunately ended in recovery. Two other practitioners of Zurich communicated to him recently each a fatal case of pulmonary thrombosis after excision of myomata, the complication having arisen in one on the twelfth day after the operation, in the other just when the patient had been about to leave the hospital, in apparently the best of health. As to the predisposing causes, Dr. Wyder thinks that at least two factors may be at play in Zurich women. One of them may be a weak or incompetent heart, depending possibly upon a liberal use of wine; and another a flabby and loose condition of the ligamentous apparatus of the womb. The latter defect is strikingly common among the women, as is shown by the great frequency with which uterine displacements are met with in the Canton, and that even among well-to-do classes of the community.

Dr. Schulthess, of Zurich, has described a rare case of congenital total absence of the left pectoral muscles, which was found in a man 20 years old. No functional defects about the corresponding upper limb could be made out. The author has been able to collect in literature not more than forty-six cases of this curious anomaly (aplasia). Of these cases, only sixteen are described in detail, the remainder being touched upon in only a cursory way. Referring to Dr. Schulthess's communication, Professor H. Eichhorst, of Zurich, says that he happened to come across three cases of one-sided absence of the muscles, all of which were in men. One of the patients was able to lift up great weights, and generally did not present any functional disturbances about the arms.

Curiously enough, almost simultaneously with Dr. Schulthess, two similar cases of the rare anomaly were met with, one by Dr. J. Kobler, of Vienna, and one by Dr. Bradel, of Sophia, Bulgaria. Both of the subjects were men, and had a right-sided defect. Dr. Bradel's case occurred in an otherwise well-developed Bulgarian teacher, 27 years old. All movements of the limb were perfectly normal. The variety of the anomaly may be guessed from the fact that the great anatomist, Joseph Hyrtl, with his truly enormous experience, has met with only two instances of the kind.

VALERIUS IDELSON.

PERISCOPE.

Significance of the Crepitant Rale.

In a communication in the New York *Medical Record*, May 11, 1889, Dr. Frank W. Jackson, Chief the Medical Division of the Vanderbilt Clinic, reviews the various opinions held by prominent clinicians respecting the significance of the crepitant râle. The author states that for several years he has studied the phenomena of crepitant and subcrepitant râles from a strictly clinical point of view, with considerable care. His own conclusions, as the result of this experience, are clearly stated. He believes that the râle is not always persistent when once established. Frequently it has been plainly heard, and a few moments later found to be entirely absent, only to return in a few moments again. This phenomenon, he says, has often been observed by other physicians examining cases with him, and by his students. It is his experience that the extremely fine, extremely dry sound, occurring in a great number of crackles, is a rare form of the crepitant râle, whether associated with pneumonia or any other pathological condition. The extremely dry and extremely fine râle is heard commonly enough, but it does not occur in a shower of crackles; there are heard, perhaps, from six to twelve crackling sounds over a given area, and usually these sounds are not very loud, and sometimes they require the most careful examination to recognize them. They have been most frequently heard in cases of old dry pleurisy, or late in the stages of consolidation in pneumonia. The brilliant, explosive, abundantly crackling type of crepitant râle, that which is slightly moist and a trifle more coarse in quality, seems to him to be far more common. Such a râle he has frequently observed in three conditions, viz.: in acute lobar pneumonia, in acute dry pleurisy, and in phthisis. It has been observed much less frequently in broncho-pneumonia. In not one of the above conditions could it be told, by the râle alone, whether one had to do with a case of pneumonia or not. He mentions as an example that for several weeks he was in the habit of showing to his students a man who was a regular attendant at the hospital out-patient department, as a patient with a typical crepitant râle. Yet at no time did he have a temperature of more than 100° F., he had but slight cough, and no bronchial voice or breathing. He neither looked nor felt seriously ill, and his only complaint was pain. The diagnosis was acute dry pleurisy.

Dr. Jackson says he has met with many cases of unmistakable phthisis in which the crepitant râle was heard as distinctly as in pneumonia. He has been struck with the number of patients who apply for treatment whose chief, sometimes sole, complaint has been of pain in the chest, and in whom careful examination reveals the physical signs of a little dulness, and a variable number of fine râles, either of the crepitant or subcrepitant variety, at the seat of pain. These sounds are superficial, are confined to a small area (usually), are increased by cough and deep inspiration, and are found most commonly in the following regions, in the order named: the right anterior base, either axillary region, the left anterior base, either posterior base, the rest of the lung. So common is it to find this condition, which he regards as due to recent or old fibrin on the pleura, or to adhesions, that he says the diagnosis of intercostal neuralgia or muscular rheumatism is rarely entered in his case-book. Râles at the apices of the lung, if old pleurisy be excluded, are commonly found to indicate phthisis, although the râles are referred to a localized pleurisy.

He says he has seen cases of pneumonia without râles until the stage of resolution was reached, and he has heard the crepitant râle over areas of marked dulness and bronchial voice and breathing, though in this case the râles were much fainter and fewer in number than they usually are earlier in the disease.

The conclusions he draws from the observations mentioned are that the crepitant râle is not pathognomonic of pneumonia; that it is heard also in dry pleurisy, in phthisis, and in broncho-pneumonia; that there is a strong probability that the râle is always due to pleuritic inflammation; and that the question as to its being heard in œdema of the lung and pulmonary apoplexy is yet unsettled.

Spread of Tubercular Disease by Contagion.

At the meeting of the Royal Academy of Medicine in Ireland, April 26, Dr. MacDowel Cosgrave read a paper on the spread of tubercular disease by contagion, in which he said it is probable there is no true heredity in tuberculosis. Apart from intra-uterine infection, the children of consumptives are in danger, because (*a*) they have deficient resisting powers, (*b*) because they are liable to contagion from their parents. Contagion may be caused by (1) auto-infection; this explains how unlimited fresh air sometimes cures. Dr. Weigert's treatment by inhalation of air, heated from 302° to 324° Fahr., for three hours a day, is a discontinuous sterilizing process. (2) From animals. The meat and milk of cows suffering from tuberculosis should not be used for food; the 400 dairy yards in Dublin should be removed outside the city. Dairy cows and meat should be regularly inspected. (3) From person to person, either directly or through families. The Registrar-General for Ireland has shown an apparent spreading of phthisis from towns to the surrounding rural districts.—*British Medical Journal*, June 1, 1889.

Transmission of Syphilis to the Fœtus Fourteen Years after the Primary Infection.

At one of the recent weekly clinical meetings of the physicians of the Hospital Saint Louis, of Paris, Barthelemy exhibited a child, four months old, affected with hereditary syphilis, whose parents had acquired syphilis fourteen years before. Although the treatment of the parents was insufficient, their syphilis was of a light character, and neither parent showed for a long time any syphilitic symptoms. The first child, which was begotten after the parents had been married three years, died, at the age of seven years, of meningitis. The second child had a syphilitic eruption until seven months old; the third, it is alleged, died of cholera infantum. The fourth died, when twenty-five days old, of broncho-pneumonia. The fifth was attacked three days after birth with interstitial keratitis. The child exhibited at the meeting—the sixth child—showed an extensive papular syphilide. The transmission of syphilis to the fœtus fourteen years after the primary infection of the parents proves in some cases the possibility of transmission of hereditary syphilis at a period far surpassing the limit ordinarily accepted. At the time of conception the parents showed no symptoms of syphilis of any kind.

In the discussion following the exhibition of the patient, Fournier remarked that he had observed cases of transmission of syphilis from the parents to the children seven, eight, ten, fifteen, and even, in one case, twenty years after the primary infection. He believes, therefore, that the syphilis can be transmitted through heredity during at least fifteen years.—*Wiener med. Presse*, April 28, 1889.

Major Operations in Surgery without Drainage.

At the meeting of the Societe de Chirurgie, May 1, Dr. Jules Bœckel, of Strasbourg, advocated the adandonment of drainage in major surgical operations. In the first place, having obtained good results by using drainage for twenty-four hours only, he tried doing without it altogether in certain minor operations. His success was such as to make him abandon it altogether, even in grave operations. He refers to thirty-three of the latter kind, comprising most of the common major operations, and gives particulars of several of special interest. The essential thing, according to Bœckel, is that the antisepsis should be sufficient. It is of absolute necessity during the whole course of the operation. He attributes his success to simplifying as much as possible the *technique* of the operation: frequent washing of the hands during the operation; use of aseptic instruments; washing of the wound without the use of sponges; drying of the wound with gauze; use of a small number of ligatures; employment of deep and superficial sutures; the making of one or several discharging incisions—in some operations pseudo-drainage by an iodoform crayon, which, however, he does not use now; and one lasting iodoformed compressing dressing.—*Bulletin Medical*, May 8, 1889.

Hereditary Ataxia, or Friedreich's Disease.

At the meeting of the Midland Medical Society, of England, April 3, 1889, Dr. Suckling showed three cases of this disease. One patient, a girl, 18 years old, had noticed, when she was about 15, that she could not properly direct her feet; this inability gradually increased, and soon affected the upper extremities. The gait was marked by ataxia, and there was much swaying when she stood with the feet close together, which was increased when the eyes were closed. There was tremor of the head and trunk, and slurred speech. The knee-jerk was absent on both sides. The pupils responded normally to light and accommodation. She had not suffered from shooting pains, attacks of vomiting, or trophic changes. There was no affection of the rectum or bladder, and no disorder of sensation. The intellect was perfect. The spine was not curved, and there was no nystagmus. The patient's brother, 20 years old, was quite crippled by the disease. He was first attacked when about 13. No further history of the disease in the family could be obtained. Dr. Suckling also showed two brothers suffering from the disease. The elder, 25 years old, was unable to stand, and presented marked antero-posterior and lateral curvature of the spine, nystagmus, paresis with ataxy, and talipes equino-varus, the knee-jerk being lost. In the younger brother, 7 years old, the spine was beginning to be curved, and the knee-jerk was lost, the gait being also slightly ataxic.—*British Med. Journal*, May 18, 1889.

Periodicity and Duration of Menstruation.

At the meeting of the New York Clinical Society, March 26, 1889 (*New York Medical Journal*, June 1, 1889), Dr. Frank P. Foster presented some observations on the behavior of the menstrual functions in women under treatment for various affections of the pelvic organs. He had excluded in his study all cases in which the patients had stated that there was some abnormity of menstruation, and all cases in which fewer than five menstrual periods were recorded. His observation related to fifty-six women, twenty of whom had been pregnant at some previous time, and thirty-six of whom had never been pregnant. The number of periods observed in each case ranged from five to eighteen. It is surprising to learn that perfect periodicity was noted in only one case, and in this case the interval from the beginning of one menstruation to the beginning of the next was twenty-six days. There was a difference of one day in one case, of two days in four cases, of three days in three cases, of four days in eight cases, of five days in six cases, of six days in four cases, of seven days in three cases, of eight days in four cases, of nine days in four cases, of ten days in one case, of eleven days in six cases, of twelve days in two cases, of thirteen days in two cases, of sixteen days in two cases, of seventeen days in one case, and of eighteen days in one case.

Out of three hundred and eighty menstruations, forty-five took place after an interval of twenty-eight days, two hundred and twenty-five after shorter intervals (the shortest being sixteen days), and one hundred and ten after longer intervals (the longest being forty-six days).

Dr. Foster expressed himself astonished at the amount of the irregularity noted; but the number of observations was, of course, too small to serve as the ground for any sweeping conclusions.

The duration of the flow was also found to vary. The most frequently observed duration (in eleven cases) was from three to five days). In only two instances was the duration of the flow found to be the same at all periods observed—one day in one case, and two days in the other.

In answer to questions, Dr. Foster stated that in by far the greater number of cases there had been no discoverable abnormity of the ovaries. His records had been based on the appearance and duration of a flow of blood as observed and remembered by the patients themselves, and not on actual inspection.

Wasting as Affecting Sterility.

Philbert says that obesity, when it attains a condition of polysarcia, has a great influence on generation. In man it checks the development of the genital organs if early, and markedly diminishes sexual desire if late. In females, amenorrhœa and dysmenorrhœa result from an excess of fat, which accumulates in the abdomen and exercises an injurious pressure on the utero-ovarian apparatus. In such cases loss of weight is often followed by a return of the normal menstrual functions, and fecundation once more becomes possible. The author quotes five cases in which loss of weight, brought about by active hydropathic and dietetic treatment, resulted in pregnancy. The ages of the patients varied from 21 to 27.—*London Med. Recorder*, May, 1889.

Influence of Morphine on the Uterine Apparatus.

Lutaud communicated to the Paris *Societe de Medecine*, three years since, a paper drawing attention to a hitherto unrecognized symptom of the morphine habit. He had found, in a limited number of observations, that morphine exercised a peculiar influence on the ovaries, diminishing and even abolishing menstruation. He now (*Revue gen. de clin. et de therap.*, May 2, 1889) publishes a further and extended series of observations of the same kind, which not only confirm his previous assertions, but afford several therapeutical indications of value. He has remarked the total suppression of the menses in eighteen cases as soon as the amount of morphine attained a certain dose. All the patients had taken to morphine on the advice of their medical attendant for the relief of uterine disorders, which, however, had in every case ceased to exist when they came under observation. The suppression of the flow was, therefore, due to the influence of the drug and not to the primary ailment. He gives the history of eight characteristic cases of women, under 40 years of age, in whom suppression of the menses had taken place with a minimum daily dose of four and one-half grains of morphine. He concludes (1) that morphine has an elective action on the uterus, suppressing menstruation and extinguishing the reproductive function; and (2) that this elective influence is characterized by the extinction of all sexual desire. He suggests, therefore, that morphine would prove of service in the treatment of women suffering from affections which are aggravated by the menstrual flow, such, for instance, as fibroid. He has put it to the test in cases of fibroid and cancer of the uterus, and the results appear to him to have been satisfactory.—*London Med. Recorder*, May, 1889.

Sterilized Milk and its Use for Sucklings.

Dr. C. Hochsinger writes to the *Wiener med. Presse*, xxx, 5 and 6, 1889, concerning some experiences with the use of sterilized milk in the nutrition of sucklings, which he has gained as chief of an establishment for sterilizing milk. Soxhlet's method is unsuitable for large establishments, because it only assures the soundness of the milk for two weeks. Hochsinger therefore sterilizes all bottles and other glass parts before use in a hot-air apparatus at a temperature of 284° F., then fills them with milk and finally heats them for three-quarters of an hour in a current of steam which is brought, by the addition of salt to the water, to a temperature of 185° F. The milk is sterilized in four concentrations.

The first consists of one part milk and two parts (4 per cent.) cane sugar solution, and is for children from one to three months old. The second is for children from three to six months old, and contains milk and sugar water in equal parts. In the third there is twice as much milk as sugar solution. The fourth contains all milk, and is for older children. The first and second are put up in bottles holding four and one-half ounces, and the third and fourth in bottles holding six ounces. The stopper of the bottle is Soxhlet's.

Bottles so put up preserve the milk, he says, completely unchanged for seven weeks, and even longer if the stopper does not become loosened. The chief advantage which nourishing with a milk of this kind ensures, consist, according to Hochsinger, in obviating the dangerous effects of bacteria, and habitual over-feeding. Chemical changes also, which are occasioned by the individual variations of a single supply, are avoided as far as possible, as mixed milk from a very large number of animals is employed.—*Schmidt's Jahrbücher*, April, 1889.

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—The Sanitary Department of the City of Glasgow has taken steps to test in the courts the question of its right to order the destruction of all carcases of animals found to be affected by tuberculosis of the lungs, whether other organs are affected or not.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

NITROGLYCERIN IN EMERGENCIES.

The value of nitroglycerin in the treatment of a variety of disorders characterized by spasm in the arterioles has been for some time fully recognized; but it is only within comparatively recent times that it has been used as a stimulant in conditions of anæmia within the brain, or, in general, as an emergency stimulant. Recently, however, more attention has been paid to this function of nitroglycerin, and it has been recommended as a substitute for alcohol, and also for nitrite of amyl, in resuscitating persons overcome with chloroform or ether.

In an interesting article in two recent numbers of the *Lancet*, Dr. Joseph Burroughs, of Ontario County, N. Y., has called attention to this important matter. The advantages in the use of nitroglycerin which he points out, are that it is cheap, convenient to carry and administer, small in dose, comparatively tasteless, and prompt and powerful in action.

Druggists usually keep it in stock in a ten per cent. solution, which strength is said to be non-explosive. From this solution a one per cent. solution is prepared, at a cost of about eight cents an ounce. The dose is one drop of a one per cent. solution. This may be taken in water into the stomach, the physician dropping ten drops into a tumbler, and adding ten teaspoonfuls of water, one teaspoonful now representing one drop of the remedy. If there is need of great haste, or if the patient cannot swallow from being unconscious, one drop can be placed within the lower lip or upon the tongue. The drug may be given hypodermically; but so rapid is its absorption through the mucous membrane of the mouth that, unless the syringe should happen to be filled and ready not much time would be gained by the use. The usual dose is one drop, and although one or two cases have been reported, in which a dose of this size has produced disquieting symptoms, this is the quantity which may be given with propriety. Even larger doses—up to three or four drops are sometimes needed to produce a full physiological effect. The duration of the effect of the drug also varies. Usually the effect lasts three or four hours, but in some cases the effect ceases in twenty or thirty minutes.

Dropped on the tongue, the effect of nitroglycerin is very rapid. By the stomach, unless greatly diluted, the effect is apparent in a few minutes, the pulse being increased in rapidity from ten to twenty beats, and becoming full and regular. In a few cases there is a slight headache, lasting for a few minutes. After larger doses the face becomes flushed, severe headache is experienced, accompanied with a feeling of fulness, singing in the ears, flashes before the eyes, and all the symptoms of an increased supply of blood to the brain.

On account of this effect on the cerebral circulation, care should be taken in administering nitroglycerin to the aged, as the sudden expansion of the cerebral vessels might cause a rupture of their weakened calcareous walls.

In case of alarm caused by manifestations of a poisonous effect after the use of nitroglycerin, the antidotes are strychnine, ergot, and belladonna. These agents should be given hypodermically, in case of poisoning, as they diffuse much more slowly than nitroglycerin. Everything should be done to save the brain from injury by the engorgement of the bloodvessels. In one case Dr. Burroughs gave instant relief from the agonizing headache by having the patient place his clasped hands behind his neck and press the thumbs against the throbbing carotid arteries.

In conclusion, it may be said that nitroglycerin (or trinitin, or glonoin—names less familiar to the laity) is a drug capable of doing excellent service in cases of heart failure, and that it must be used with prudence, but without timidity. It is a drug which ought to be on hand at every administration of chloroform; for, in cases of sudden failure of the pulse from chloroform narcosis, nothing—except, perhaps, suspension by the heels—will act so promptly as nitroglycerin, in restoring consciousness to and averting danger from the patient.

CHEAP AND EASY ENDORSEMENT OF MEDICAL DIPLOMAS.

Judging from the letter of a correspondent in England, published elsewhere in this number of the Reporter, it will be seen that there is reason for supposing that at least one medical school in the State of Pennsylvania is willing to evade the intentions of the law regulating the endorsement of diplomas of medical schools outside the State, which is the necessary preliminary to practising medicine in this State for those who have not been graduated from a Pennsylvania school. It has been supposed for a long time that this was the case, and more than one college has been suspected of violating the spirit if not the letter of the law. It has been asserted that the graduates of certain schools, outside the State, have little difficulty in obtaining the endorsement of their diplomas from certain schools without it. The school referred to by our correspondent, seems to be the Hahnemann College, of Philadelphia, and the charge seems direct enough to call for some reply. It would be interesting to know if the diploma which our correspondent wished to have endorsed was that of a regular school, or if this was known to the representative of the Hahnemann College.

WHY THE ANALYSES ARE WITHHELD.

In a pamphlet on the Present Condition of the Philadelphia Water Supply, by Samuel C. Hooker, Ph.D., read before the Chemical Section of the Franklin Institute, of Philadelphia, May 21, 1889, among other interesting matter, there is the statement that the Board of Health of Philadelphia has called his attention to the fact that analyses of the water supply had been made regularly, for its information, during a number of years past. These analyses are withheld from the public, however, "because it is feared that improper use might be made of them by individuals, and that figures might be sifted and distorted for the purpose of furthering private ends."

Dr. Hooker very properly remarks that, if there is no better reason for withholding these analyses than that which he has mentioned, it is to be hoped that, in future, matters will be regarded in a different light by the Department, and that the public will be furnished with the information which rightly belongs to it.

The reason given above is as puerile as anything that could be well imagined. To those familiar with the discussions in regard to the water supply of Philadelphia, it will appear all the more singular in view of the fact that the chemist who made these analyses for the Board of Health has, within about a year, appeared as the advocate of a rich corporation which has made a strong effort to create a public sentiment against the Schuylkill River as a source of water supply, hoping to make use of this sentiment as a lever with which to hoist itself into a monopoly of furnishing the drinking water to the city of Philadelphia. In this endeavor, the corporation referred to made ingenious, but not ingenuous, use of chemical analyses, which, on investigation, proved to be worthless, and of representations in regard to the laws bearing upon the case, which, on close scrutiny, proved to be false.

It is an unfortunate fact that experts in chemistry as well as in law—who come within the persuasive reach of rich corporations—sometimes become affected with a sort of mental scotoma, and persons less directly interested have to be careful how they accept the impressions of such experts in regard to matters with which they are supposed to be especially familiar. It may be that this fact is so well known at the office of the Board of Health in Philadelphia that it is an evidence of sagacity that they withhold from the public the analyses of the Philadelphia water made for them, and that their explanation is not such an insult to the intelligence and integrity of the community as, on its face, it appears to be.

It is satisfactory to know that a chemist connected with the Franklin Institute, and unconnected with any money-making scheme, is now engaged in making periodical and correct analyses of the water supplied to the citizens of Philadelphia, and it is equally satisfactory to learn that the result of this analysis shows that the chemical condition of the water supply of Philadelphia is decidedly good.

DISAGREEABLE EFFECTS OF SULPHONAL.

The good effects of a new remedy are usually the first to be recorded; the ill effects are reported later if at all. This remark holds true of sulphonal, a most excellent hypnotic, about which much has been said already in the columns of the REPORTER. It is too much to be expected, however, that sulphonal should differ from all the other hypnotic agents, and have no disagreeable accompanying effects. Some of these have been mentioned in the REPORTER, March 2, 1889, p. 286; and more recently, Dr. Paul Rehm, in a communication to the *Berliner klin. Wochenschrift,* April 22, 1889, reports several cases in which the administration of sulphonal was followed by unpleasant, though not dangerous, symptoms. In the first case, a woman, forty-eight years old, suffering with muscular rheumatism, took twenty-three grains of sulphonal for sleeplessness, repeating the dose on six successive evenings. The first three doses had a very agreeable effect, except that great depression and weariness persisted. After the remaining doses, however, such symptoms as constipation, loss of appetite, violent bodily and mental unrest, excitement, anxiety, and numbness, set in. When the patient's eyes were closed, she felt as though the bed were moving to fro; when the eyes were open, there were illusions and hallucinations of a gloomy character, and depression. Dr. Rehm found the patient in a very numb condition, as though paralyzed; the face was pale, the pupils contracted, the voice scarcely audible, and the pulse weak, beating over one hundred times to the minute. He ascertained, also, that there was retention of urine, hyperæsthesia, double vision, jerkings of the muscles, restlessness of the limbs, accompanied with a peculiar disturbance of feeling as the result of which the patient asserted and insisted that she had four legs; she was also subject to flushes of heat and of cold, and had confusion of mind. Sitting up was impossible, and the movements of the hands were ataxic. These symptoms slowly improved when the taking of sulphonal was stopped; but only after the lapse of four weeks was the patient able to go some steps alone, and for fourteen days longer the gait remained staggering and uncertain.

In the second case, a man, fifty-one years old, who often took paraldehyde on account of sleeplessness from melancholia, took thirty grains of sulphonal after having been three days without a hypnotic. The effect of this enabled him to lie quiet, without gloomy thoughts; but he asserted that he never lost consciousness, and that it seemed to him as though the bed were moving to and fro. On the following day he was still very numb, had no appetite, vomited several times, and felt giddy. After a few days sulphonal was again given, and the administration was followed by the same results.

In the third case, a nervous woman thirty-two years old, took thirty grains of sulphonal and for four days afterward was weary, sleepy, forgetful, and giddy.

The almost unanimous statement of those who have used sulphonal is, that it is a harmless and efficient hypnotic. Such disagreeable effects as followed its administration, in the cases just referred to, are not of sufficiently frequent occurrence to lead one to regard it as a dangerous remedy, though they justify the opinion that, in susceptible persons, it may produce unpleasant symptoms. The caution which should be used in administering any hypnotic should not be disregarded in the case of sulphonal: it should be given for the first time only in small doses, so that the susceptibility of the patient may be determined. That the latter varies enormously in different persons will appear from the case referred to by our Berlin correspondent, in the REPORTER, June 1, in which a man took two tablespoonfuls of the drug without producing any marked symptom except prolonged sleep.

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—Dr. Ferdinand Hueppe of Wiesbaden has been appointed Professor of Hygiene at Prague. He is the sixth of Robert Koch's pupils who has been appointed to a professorship. The other five are Gaffky of Giessen, Wolffhuegel of Göttingen, Loeffler of Greifswald, Gaertner of Jena, and Bernhard Fischer of Kiel.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

FIFTY-NINTH ANNUAL REPORT OF THE INSPECTORS OF THE STATE PENITENTIARY FOR THE EASTERN DISTRICT OF PENNSYLVANIA. 8vo, pp. 146. Philadelphia: Allen, Lane & Scott, 1889.

This is a very interesting report of what is perhaps the best place of confinement for criminials in the world. It presents a defense of the system of solitary confinement in use at the Penitentiary, and dwells especially upon the point that this term conveys a misapprehension to the minds of most people: the fact being that the system is one of "individual treatment." Many men—and notoriously the late Charles Dickens—have formed very erroneous notions in regard to the methods of the Eastern Penitentiary, and their results; and Mr. Dickens, as shown in his "American Notes," was utterly deceived by an inmate, who died only recently. The fact is that the system in force at this institution is the one best calculated to do something toward reforming the inmates, and it strikes a very happy mean between those of institutions in which the inmates are kept in idleness and those of institutions in which they are sold into practical slavery.

All medical men who are interested in the penal institutions of this country, and in fact all who are interested in sociology, in general, may find much profitable reading in the volume before us, which contains an interesting medical report by Dr. Wm. G. Duffield Robinson, Resident Physician.

LITERARY NOTES.

—*The Author*, published at Boston, has reached the sixth number in its first volume, and is an excellent magazine for literary workers. As a companion of *The Writer* it is exceptionally interesting.

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NOTES AND COMMENTS.

A Medical Laboratory in Bombay.

The following resolution of the government of Bombay, which has just been published, tells its own story, and, as *Nature* believes, adds another to the already numerous examples of the well-judged munificence of the Parsee community of Bombay. The resolution is entitled "Scientific Medical Research." "(1) The sum of Rs. 75,000 having been placed at the disposal of his Excellency the Governor by Mr. Framjee Dinshaw Petit, for the purpose of erecting and fitting a laboratory for scientific medical research, on a site which has been approved by the donor in the immediate vicinity of the Grant Medical College, the governor in council has much pleasure in accepting the offer, and, in doing so, desires publicly to thank Mr. Framjee Dinshaw Petit for his munificence in supplying an institution the want of which has long been felt by those most interested in promoting the cause of higher medical education in this presidency; (2) the governor in council is pleased to direct that the institution shall be called 'The Framjee Dinshaw Petit Laboratory for Scientific Research;' (3) instructions for the preparation of the necessary plans and estimates for the proposed building have already been given."—*Science*, May 24, 1889.

Case of Lupus.

In the *Pacific Medical Journal*, June, 1889, Dr. Regensburger reports the following case, which was seen at the San Francisco Polyclinic: X, a woman 26 years old, married, complained of an eruption on her face and arm. An examination showed this eruption to be a mixed serpiginous and common lupus, itself a rare condition. The chief point, however, in this case, was the marked improvement which took place under Dr. Unna's "Spick" treatment, which consists in puncturing the tubercles with a flat needle, and placing in each puncture a sharpened wooden pin, dressed with a thin layer of cotton medicated with a mixture of carbolic acid, corrosive sublimate, and alcohol, and allowing them to remain for half an hour at a sitting. The improvement is reported to be so great in this case that it promises a complete cure in an exceptionally short time.

Intrapleural Injections of Naphthol in Purulent Pleurisy.

Prof. Bouchard, according to the *Wiener med. Presse*, April 28, 1889, has in two cases employed intrapleural injections of naphthol in purulent pleuritis, without being compelled to do an operation for the empyema. He injected twice daily from thirty to sixty minims of the following solution:

Naphthol	gr. lxxx
Alcohol	f℥i
Distilled water q. s. ad.	f℥iii

The quantity of naphthol injected daily amounted to from one and one-half to three grains. As soon as the solution of naphthol reaches the pleural cavity, the naphthol is thrown down; a part, however, is again dissolved in the exudation fluid, and it sterilizes the contents of the pleura. Naphthol injections may, he says, be performed in cases in which the pleura is diseased and there is fluid effused, without any injury resulting.

Duty to One's Neighbor.

The case of Horne *versus* Jessop, recently tried before Mr. Justice Denman, in England, is interesting from a medico-legal point of view. Mrs. Horne, a laundress at Huddersfield, sent her little boy to collect an account from her customer, Mr. Jessop, having no reason to know that Mr. Jessop's daughter, then in the house, had been stricken down with scarlet fever. That was on June 8, and on the 11th little Horne was found to be sickening. On the 11th his little sister was, under like circumstances, sent to Mr. Jessop's abode to fetch a bundle of linen for the wash, and two days after this child showed the initial symptoms of the same disease. Altogether four children were affected. The medical evidence went to show that from the fourth to the seventh day is the common period of infection, though it was admitted that it could take place within two days, and it was urged by the defence that scarlet fever was in the neighborhood, and that infection may have arisen from other sources. Further, it was contended that the linen carried by the children had not been exposed to the infection of the disease. The suit ended in a verdict, by consent, for the defendant, who was understood to have made a satisfactory arrangement with the Horne family. As Mr. Justice Denman hinted, there was much doubt and uncertainty in the case, but the lesson to be learnt is plain enough, viz., that when infectious disease occurs soiled linen must be washed at home.—*Montreal Med. Journal*, May, 1889.

Use of Antifebrin in Pneumonia.

Dr. J. M. Elder writes to the *Montreal Medical Journal*, May, 1889, that there has been almost an epidemic of pneumonia in Huntingdon, Quebec, since January. In a dozen cases of this disease treated with antifebrin only, resolution was in no instance delayed beyond the seventh day, and there were no complications in the convalescence. The result of a dose (five grains) was sharp elevation of temperature for a few minutes, followed in twenty to thirty minutes by profuse sweating and rapid fall of temperature to nearly normal; and then, he says, came the most gratifying feature of all—two or three hours' sound sleep for the patient. The urine always improved in character.

He claims the following advantages for antifebrin, if it is not given in more than five-grain doses and only as often as the thermometer shows it to be necessary—which seems to be, with Dr. Elder, when there is a temperature of 102° to 103° Fahr.: "1. It controls and regulates the fever with certainty. 2. It husbands the patient's strength by giving intervals of refreshing sleep. 3. It is easily given, dissolved in *warm* tea or water, and does not cause nausea. 4. I have met with no untoward effects from its use with the above-mentioned precautions. 5. It has given me better results in complete resolution of the affected lung tissue than any drug I have tried."

New Blood Test for Poisoning with Carbonous Oxide.

Katagama gives, in *Virchow's Archiv*, Bd. xiv, Heft 1, a new blood test for poisoning with carbonous oxide (CO). This test depends upon the fact that blood containing carbonous oxide, after the addition of orange-colored ammonium sulphide (sulphur, parts 2.5; colorless sulphide of ammonium, parts 100) and acetic acid becomes a beautiful bright red; whereas normal blood is turned a greenish-gray or reddish green-gray. The test is performed in the following manner: 1 cubic centimeter (15 minims) of the blood to be investigated is diluted with 50 cc. (13 fluid drachms) of water, and of this mixture 10 cc. (160 minims) are put in a test tube; first two-tenths of a cubic centimeter of orange-colored sulphide of ammonium, then two-tenths to three-tenths of a cubic centimeter of 30 per cent. acetic acid are added, and the closed test tube inverted a few times.—*Wiener med. Presse*, May 12, 1889.

Menthol in Asthma.

Dr. Jores mentions, in the *Therapeutische Monatshefte*, that he has employed menthol with success in asthma. The patient was a woman who had asthmatic attacks for which all the usual remedies had proved unsuccessful. Jores then resorted to menthol, a twenty per cent. solution in olive oil. While before its use there were crackling and rattling râles heard in the lungs, the whole attack disappeared after a few inhalations, and auscultation showed that respiration was entirely normal, the heart-beat unchanged, the pulse full and strong. The patient said that she frequently felt in her head as though she had inhaled chloroform. Since its first employment the remedy has proved promptly successful in all attacks.

The Alcoholic and Opium Habit.

At the meeting of the Illinois State Medical Society, May 21, Dr. Charles Warrington Earle, of Chicago, read an address on "The Duties and Responsibilities of the Medical Profession regarding Alcoholic and Opium Inebriation." Dr. Earle had had eighteen years' experience in a reformatory institution, and had treated upwards of ten thousand cases during that time, consequently he was well qualified to deal with the subject intelligently and instructively. He asserted that the medical profession was not exercising its influence in the right direction in regard to temperance; many prescribe alcohol and morphine without limit, many victims take their first dose from a physician, and too many physicians themselves become addicted to the habits. Dr. Earle declared that alcoholism is not a disease. Ninety-nine out of a hundred drunkards show no symptoms of disease. A man can cure himself of the habit by exercise of the will unaided by medicine, but no disease can be cured in that way. No physical cause compels a man to become a slave. Ninety-nine out of one hundred men can reform if they will. Reformation requires a cultivation of the moral sense, a strengthening of the will, a cutting off of all evil associations and all bad habits, and total abstinence from the use of liquor. A man should carefully avoid all temptation. It will not do for him to attempt to drink in moderation. It is true that alcoholism may produce changes in every tissue and bring about all manner of diseases, but it is not a disease itself; and a man who has drunk ten, twenty, or thirty years may stop as easily (*sic*) as a man who has drunk only three months. Dr. Earle said that neither the alcoholic nor the morphine habit is hereditary, and he quoted figures to prove it from his own experience. Idleness and want of government are, he said, more prolific causes of drunkenness. The most marked results of inebriety are not physical, but mental and moral. They are not productive of disease to the extent we are led to believe. Physicians should be temperate for their own sakes, and also to set examples for others. They should be more careful how they prescribe alcohol and morphine. The last is the more seductive, and physicians are responsible for the morphine habit in a majority of cases. It should be prescribed only in perilous cases, and not at all for trivial complaints, as is too common. Dr. Earle advised that the young be educated to avoid the habits in question; that work be prosecuted among those who earnestly desire reformation, and that legislation be sought for the incorrigible persons who cannot be reformed. For the latter he recommended state guardianship and two years on a farm.—*Peoria Medical Monthly*, May, 1889.

Exercise and Medicine.

Boerhaave, the famous physician, declared that a man was more likely to get well by climbing a tree than by drinking a decoction made of its leaves! that is, he thought exercise better than medicine. It is on this principle that the Queen of Sweden, whose nervous condition has given rise to much anxiety, is being treated. She is ordered to make her bed and sweep her room, besides taking a large amount of walking exercise. This method—the "housemaid treatment," as he calls it—has inspired a cynical journalist with some suggestions which are, perhaps, wiser than he knows. He advises the "office-boy treatment" for the dyspeptic millionaire, the "groom treatment" for the Crœsus whose liver is too much with him, the "country postman treatment" for the obese financier; the "nursemaid treatment" for the hysterical woman who cannot stand a child's cry, and the "old-clothes woman treatment" for the fine lady who faints at the sight of powder. Probably the "treatments" would be efficacious—if the patient would submit.—*London Hospital.*

An Unappreciative Physician.

Under the title: "Good Books and Periodicals *versus* Ignorance and Laziness—a rich Letter," the *Texas Health Journal,* June, 1889, says: The indifference of some, at the current medical and sanitary literature of the age is passingly strange. It is a problem hard to solve. These reflections result from a recent incident incomprehensible in its immensity. A subscriber returned this *Journal* with the following soul-stirring revelation: "Stop the Medical Health—am over red now—all I knead is treatment—got to big a library any how—besides I already take the theripudic gazet—dident subscribe for your *Journal* know how, ——, M. D." We are confident this man is over "red"—but just how "red" we have no means of ascertaining—and that he thoroughly "kneads" his treatment—blue mass especially. Being already over stocked with the "theripudic gazet" and "to big a library" he "dident" "knead" the *Journal* "know how"—therefore we feel indisposed to press our claims, lest the gentleman become overwhelmed with pure "medical health." Regretfully we leave him to the peaceful enjoyment of his erudition and peculiar vernacular. So long as such men are entrusted with human lives the cause of a high mortality in some localities may, with some degree of certainty, be surmised.

Health of Johnstown.

The representatives at Johnstown of the State Board of Health issued, on June 12, a bulletin stating that there is a favorable condition as regards the health of the town. Only one case of diphtheria and two of pneumonia are reported in the whole devastated region, and not a single case of typhoid fever. There is almost a phenomenal absence of sickness. Not a single case of dangerous illness, it is said, is known to the Board. The water supply, which is brought in iron pipes from mountain springs four and five miles distant, has been inspected by Dr. P. M. Carrington, of the United States Marine Hospital Service, and Dr. E. O. Probst, Secretary of the Ohio State Board of Health, and is pronounced as pure as before the flood. There is no general pollution of the atmosphere by effiuvia dangerous to health. The numerous large fires of burning *débris* keep the air in rapid motion, while the comparatively low temperature which has prevailed has contributed to its purity.

NEWS.

—Dr. Samuel Brandeis died in Louisville, Ky., May 24, of heart disease. He was sixty-nine years old.

—A despatch from Bombay, India, says that a Brigadier-General of the British army, stationed in Madras, has been attacked with leprosy.

—Queen Victoria has appointed Dr. Richard Quain, the well-known author of "Quain's Dictionary of Medicine," one of her physicians extraordinary.

—At the annual meeting of the Board of Health of Philadelphia held July 1, Dr. William H. Ford was re-elected President. Dr. Peter D. Keyser was also installed as a member.

—Dr. Paul Barringer has been elected to the chair of Physiology and Surgery in the University of Virginia, at Charlottesville, in place of Dr. Cabell, who retires from active service because of advanced years.

—Governor Beaver, of Pennsylvania, on June 26 instructed Dr. Joseph F. Edwards, a member of the State Board of Health, to visit all the towns along the west branch of the Susquehanna which were damaged by the floods.

—At the recent graduation exercises of the University of the City of New York, Dr. A. B. Ball, for the Trustees, awarded the Cartwright prize of $500 to Dr. H. A. Hare and Dr. Edward Martin, both of the University of Pennsylvania. Their essay, which, by the terms of the deed of gift, had to contain the results of original investigation, was entitled "Practical Studies on the Nervous and Mechanical Government of Respiration."

—Acting Surgeon Foster, of the Fourteenth Regiment and Laboring Camps, at Johnstown, reported on June 26 that within the previous 24 hours 49 laborers were taken seriously sick with symptoms of typhoid fever. Many of them were sent home, and the others are being cared for in the hospital. The local physicians, many of them sufferers by the flood, have sent representatives to General Hastings protesting against the presence there of the Red and Yellow Cross physicians, who are caring for all the sick to the financial disadvantage of the local doctors. General Hastings refused to act in the premises.

HUMOR.

A GIVE AWAY.—She—"All extremely bright men are awfully conceited, anyway." He—"Oh, I don't know; *I*'m not."—*Harvard Lampoon.*

LITERALLY CORRECT.—Minister—"Bertie, do you know where the little boys go who catch fish on Sunday?"

Bertie—"Yes, sir; most of them go down to Johnson's Creek."—*Judge.*

A DANGEROUS EXPERIMENT.—Mudge—"For heaven's sake, Bosworth, have you been sandbagged or in a railway accident?" Bosworth—"Neither. I hid under the bed the other night to scare my wife."—*Courier-Journal.*

AN UNPARDONABLE SIN.—Editor's Wife—"I wonder what can be the matter with Mrs. Smith; she hasn't returned my visit yet." Editor (absent-mindedly)—"Perhaps you neglected to enclose a stamp."—*Harper's Bazar.*

IT DOES SEEM STRANGE that Mrs. Harriet Hubbard Ayer should be declared a victim of the alcohol habit by people who know her well, when both she and they have for several years been advertising her "Vita Nuova" as a sure and safe cure for that very affliction.—*The Doctor.*

HIS FEARS REMOVED.—"Mary Jane," said the wholesale fruit dealer, with feeble voice and pallid lips, "tell me the truth. I can bear it. What does the doctor say?" "He says," responded the wife, her face radiant with joy, "that the crisis is past, and you will recover, William." "Mary Jane!" he exclaimed in firm, ringing tones, "you may countermand the order I sent to the warehouse yesterday about rebarrelling that car-load of apples. Tell the men to ship them as they are."—*Chicago Tribune.*

AN INCORRECT DIAGNOSIS.—A business man and financier of the first rank in Boston is so absent-minded that he occasionally forgets to go to his dinner. His customary hour for this meal—when he remembers it—is two o'clock. The other day, quite absorbed in business, he worked steadily on until four o'clock, and then began to have a quite natural sense of emptiness and yearning in his stomach. "Dear me," he said musingly, applying the flat of his hand to his waistcoat, "I wonder what I ate for dinner that disagrees with me?"—*Boston Transcript.*

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COMMUNICATIONS.

EXTERNAL PERINEAL URETHROTOMY, IN EXTREME STRICTURE WITH FISTULA.

BY J. McFADDEN GASTON, M. D.,
ATLANTA, GA.
PROFESSOR OF SURGERY IN THE SOUTHERN MEDICAL COLLEGE.

Being called in consultation with Drs. Boland and Renouff in a case of stricture of the urethra in the person of a gentleman about 53 years of age, who had been accustomed to the free use of whiskey, while doing active service on horseback for a number of years, examination revealed the following condition:

Only a fine filiform bougie could be passed partially through a close stricture one inch from the meatus and further exploration internally was impracticable. At several points in the penile portion of the urethra, and also behind the scrotum, indurations of considerable extent were detected by external manipulation, leading to the inference that similar close strictures existed in the course of the urethral canal. But palpation over the membranous urethra in the perineum led to the conclusion that the communication from this point into the bladder was unobstructed. A fistulous opening in the anterior upper part of the scrotum, on the left side of the raphe, gave exit to pus on pressure, and had previously discharged a small quantity of urine, but not continuously. The patient stated that he had only been able to pass his water when under the influence of the alcoholic stimulant, and even then it trickled away slowly and with great difficulty. Under such circumstances I advised, for the relief of the bladder, that external urethrotomy should be resorted to; and at the request of his attendants and with the consent of the patient, this operation was undertaken April 22, 1889, with the assistance of my colleagues.

The patient, on his own responsibility, took free libations of whiskey during the morning so that no further preparation in this line was requisite. The usual preliminary hypodermic of morphia (gr. ¼ with atropia gr. $\frac{1}{150}$) was administered by Dr. Renouff and the A. C. E. mixture—which is my favorite anæsthetic—was given by Dr. Boland. Two other assistants were placed in charge of the limbs, with the buttocks at the end of the operating table. The perineum was shaved, and washed with a solution of the bichloride of mercury, this being limited to external use by me. The border of induration in the tissues of the canal was now located by my finger and an incision was made backward from this, along the raphe of the perineum, more than an inch in length, and carried inward until it reached a point where from the anatomical relations the urethra should be found. But after careful palpation and inspection I was unable to determine upon the urethral structure, and resolved the doubt by making an effort to accomplish what had seemed at the outset entirely impracticable, to pass a guide down to the membranous urethra from the meatus, notwithstanding the failure to introduce a filiform bougie. A probe being introduced, I passed the narrow blade of a tenotomy knife along the side of it and cut the obstruction of the urethra at the depth of an inch and a half from the meatus. A small sized director was then passed in as a guide for the knife in the complete division of this stricture, after which the smallest olive pointed sound was carried down to another stricture about two and a half inches further, but could not be forced through it. A small gutta percha bougie was also tried without effect, when it occurred to Dr. Boland to force a passage with the gradually tapering point of a Ford's slender divulsor. With the penis well stretched by Dr. Renouff, and guiding this well in the line of the urethra, it was pressed steadily and firmly forward, through the indurated constriction until I felt the point impinging upon the wall of the urethra, which was in contact with the end of my index finger, at the bottom of the perineal incision. All the vexation of locating the urethral canal was now satisfactorily ended ; but it was only after several thrusts with a keen sharp-pointed bistoury that I succeeded in penetrating the urethra, stretched over the end of the instrument by tilting it outward in the wound. A director was passed through this small opening in the direction of the penile urethra, and with a probe-pointed bistoury carried along its groove a fine incision was made through the wall of the canal. It was now found that urine escaped from the bladder and a larger catheter was carried without difficulty into its cavity from the wound. There was considerable bleeding in the progress of the dissection through the perineal structure, but sponging with a hot 5 per cent. solution of carbolic acid kept it checked, and there was no vessel which required ligation. The sides of the wound were held back by retractors after the incision reached a depth to require them, and the only embarrassment in the progress of the operation was that which has always been encountered when a sound could not be introduced through the urethra as a guide to its location, and its walls are not indurated in the part which is sought for incision. My division of the superimposed tissues was carried with mathematical precision down to the site of the canal, and yet I was unable to determine with certainty the urethral stricture either by the touch or by sight, from which dilemma I was fortunately able to extricate myself by a recourse to means suited to the emergency, which defined the exact outline of the canal, for my incision.

Before undertaking this perineal section it would therefore be advisable to exhaust our resources for passing a sound down to the site of the proposed urethrotomy, to serve as a guide. The upper or anterior angle of the incision was closed by two cutaneous stitches while a lateral drop stitch through each side of the urethral wall passed out through the skin on its respective side. The sides of the patulous part of the wound were dusted with iodoform, with a little cotton interposed, and a pledget of cotton was held in place by a bandage. Before removing the divulsor it was screwed up to a point of distension equal to the capacity of the meatus, and consequently the dilatation of every portion of the urethra was accomplished.

It will naturally occur to a critical colleague that, in view of the practicability of securing this result, it would not be warrantable to resort to external urethrotomy. But when the fact is recalled of the failure to pass a filiform bougie through the strictures, after long continued efforts, and that consequently division with Maisonneuve's instrument was ruled out, while as a *dernier ressort*, I used the tenotomy knife for the division of the first almost impermeable stricture, and afterward in sheer desperation I urged the forcible dilatation of the deeper close strictures, all must be convinced of the propriety of undertaking external urethrotomy as a primary operation. Even after securing an outlet for the urine through the penile urethra by these extraordinary proceedings, it will be allowed by those who have had experience in the subsequent management of cases of this class that it is of the utmost importance to relieve the canal for the time from contact of the urine with its incised and lacerated surface. This is effectually done by the free discharges from the perineal opening which was kept patent by the stitch through either side of the incised urethra carried out through the skin, so as to prevent immediate union of the edges by adhesive inflammation.

On the following day the patient was found with a temperature of 100° and pulse 85 beats to the minute, but comparatively comfortable, having slept better than usual, and not having any nausea or vomiting from the long continued use of the anæsthetic. This speaks well for the A. C. E. mixture, and, as a rule, I have observed less trouble in this respect than after chloroform or sulphuric ether uncombined. It is notable, likewise, that the patient had less inclination to take whiskey than previously, and only used it, as prescribed, in limited quantity, during the day. The dressings and bedding under the patient were saturated with urine, which had been discharged without his volition, owing, doubtless, to the impairment of the sphincters of the bladder. Everything was removed which had become soiled, the wound was washed out with a 5 per cent. carbolic solution, and the iodoform with cotton removed, with the understanding that this should be repeated as often as the dressings became saturated with urine.

On April 24, 1889, the patient had passed a good night. Having taken a laxative, which led to an evacuation early in the day, he arose to occupy the stool, and the urine, which had accumulated in his bladder discharged freely, passing out in a bold stream, through the meatus as well as at the perineal opening. This caused considerable smarting and pain, and the flow was accompanied with some blood from the incision of the stricture in the penile urethra. This was followed by a protracted rigor, which passed off with profuse sweating, and his temperature went up to 101° and his pulse to 110 beats to the minute. A hypodermic of morphine gr. $\frac{1}{4}$ and atropia gr. $\frac{1}{150}$ with the internal administration of two ounces of whiskey, by his attending physicians, met the indications at the outset; and I subsequently suggested ten-grain doses of sulphate of quinine every three or four hours during the day. It was further advised that the stitches be removed; and that the patient should place his finger over the urethra behind the scrotum when he had a prompting to pass his water, so as to prevent its entrance into the penile urethra, and thus lead to its discharge through the artificial opening. The constitutional disturbance was attributed to the unexpected and undesirable passage of the urine through the canal, and only confirmed my apprehensions of such a result expressed in my notes of the operation on the first day.

He now had no craving for the alcoholic stimulant, as he did while suffering with retention caused by the stricture, and used it only as directed. Very little food had been taken during the day, the patient having less appetite than on yesterday, but there was only slight nausea and no retching or vomiting.

The sudden diminution of his allowance of whiskey, or its entire suspension, did not seem advisable, but the patient stated that he had frequently stopped off without bad effects. On April 25, 1889, the patient reported that he slept well during the night, and that he was comparatively comfortable to-day. His temperature was 99° and his pulse 85. The urine had been passing involuntarily through the perineal opening, and a small quantity had escaped also through the meatus, but had not been attended with scalding as when passed in a stream, nor had there been any repetition of the rigors. He was taking two-grain doses of quinine, with the whiskey, every three hours. Having some discomfort at night from the passage of urine through the penile urethra, he was given a hypodermic of morphine and atropia. On April 26, 1889, he passed a good night, and relished his breakfast; with pulse and temperature normal, and having an absolute repugnance to the whiskey. The two-grain dose of quinine was continued alone every four hours. The urine was discharged upon rising, by the meatus and the artificial opening; but no longer caused local or constitutional disturbance, so that the future progress of the case is not likely to be attended with anything notable.

It is evident that the perineal opening will gradually close, and the natural outlet by the meatus be relieved of the impediment to the free discharge of urine, so that a radical cure may be confidently expected.

As the final result must be somewhat protracted, I will undertake to report any untoward feature which may become developed while under my observation, and the reader may verify the adage that "no news is good news."

It might be supposed that the use of a sound or bougie would be advantageous in this case to preserve the lumen of the canal, but my observation upon the after-treatment of such cases, leads me to the firm conviction that the most complete rest of the tissues, and the greatest freedom from any irritation secures the best result.

I would refer the reader to my article on "Division of Strictures without Subsequent Sounding," in the *Atlanta Medical and Surgical Journal*, April, 1884, for my views on this subject. But the following paragraphs from it will suffice in this connection:

"If any explanation is requisite for the full comprehension of the principle involved in the non-interference after division, it may suffice to state that the contractile tissue comprising the stricture, being completely divided at one point, draws away from the line on both sides, leaving a gaping open space so that no union can ensue if left to heal by granulation of this raw surface. The use of dilating tubes of any kind is calculated to irritate this exposed surface, and expose the case to serious troubles, with which all are unfortunately too familiar to require any enumeration in this place."

"A number of close strictures, and some of them located at the bulbo-membranous division of the urethra, have been divided with the urethrotome of Maisonneuve, leaving the cases for ten days or two weeks without interference, and then only using a large bougie a single time to verify the free opening of the canal."

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—The *Montreal Medical Journal*, June, 1889, states that a distinguished professor in the University of Aberdeen has been taken to task for making a remark which was understood to imply that, as compared with pathology, materia medica was not of much importance.

THERAPEUTIC NOTES ON ACETANILID (ANTIFEBRIN).

BY G. WALTER BARR, M. D.,

BRIDGEPORT, ILL.

In a study of the physiological action of antifebrin and antipyrin, published in the *Therapeutic Gazette*, June, 1887, the writer gave reasons for preferring antifebrin to antipyrin in almost all cases. Since then he has used the former almost exclusively.

Whenever antipyrin has been recommended, antifebrin has been substituted, and the effects described by the writers have been produced just as well.

The present article will deal with the therapeutic value of antifebrin in some directions which, as far as the writer knows, are original. In parenthesis, a plea may be made for the new nomenclature of these two substances. The medical press, as a rule, uses the names given above. The pharmacy journals almost exclusively call antifebrin, *acetanilid*, and some of the most prominent ones have named antipyrin, *methozin*. When it is considered that these names bear the same relations to the originals that chloride of ammonium does to "sal ammoniac" or nitric acid to "aqua fortis," and moreover that the patented original names alone cause an increase of one-half in the price of the same substance, physicians should follow the example of the pharmacists and speak only of acetanilid and methozin.

Acetanilid has the same effects in acute rheumatism as methozin is said to have. In one case, in which a preceding physician had given heavy doses of morphine without allaying the great pain, ten grains of acetanilid made it possible for the patient to go to sleep in twenty minutes. The dose had to be repeated every four hours. Under salicylate of sodium, and acetanilid as an anodyne, the patient recovered in a week.

In all headaches classed as nervous, acetanilid is as valuable as methozin is said to be, and is a boon for people with "sick headache."

Perhaps the highest value of acetanilid will be found in a direction which I never before have seen suggested in print. In the study of its physiological action mentioned above, it was stated that acetanilid acts on the pulse-rate similarly to digitalis, and on the arterioles like ergot. My father, Dr. J. C. Barr, first utilized this action in pneumonia. In this section pneumonia has a fatality that is distressingly unique. A physician coming here with however much experience with that disease will see his patients die most unexpectedly to him. It is also very prevalent. Of course acetanilid has been used as an antipyretic in all diseases; but its rational use gives great results in pneumonia, regardless of the fever. The use of aconite and veratrum viride in the first stage—not to speak of phlebotomy—has high recommendations. In acetanilid we have an agent that contracts the arterioles, and slows the pulse-rate, while at the same time it is a nerve tonic and produces a sense of well-being in a marked degree, and unlike depressants does no harm in the second or third stage of the disease. Relying on this physiological action, discovered in 1887, my father and I began to use acetanilid in pneumonia, in the first stage, to lessen the violence of the congestion and inflammation; in the second stage, as a tonic and to keep down the fever—which causes death from hyperpyrexia and its changes—and, at the same time to cause the products of retrograde metamorphosis to be better thrown off by the stimulated skin and kidneys; and, in the third stage, because of its tonic action on the nervous system and digestive apparatus. The results of this treatment have been decidedly satisfactory. Although it is impossible to estimate "might-have-been's," I have not the shadow of a doubt that it has lowered the death rate greatly; so much so, that the disease has lost the terror it formerly had for me, and I look upon acetanilid in pneumonia as I do upon quinine in malaria. I have never had a chance to see whether a large dose would abort the disease in the beginning, but I believe it promises as much in this direction as a sensible man may expect.

Rational therapeutics have little to do with dose-tables. The physiological action of the drug must be maintained in the first and second stages of the disease, and practically this may be done by keeping the temperature below 100° (Fahr). As an average, seven grains every four hours will do this. After a time a certain tolerance is established. It is best to give acetanilid in capsules, as its incompatibilities with certain liquids is a delicate subject, not yet settled. Of course all the functions of the body must be kept in good condition, and acetanilid used as a valuable part of the expectant plan of treatment.

I should like further opportunity to try acetanilid in the morphine and alcohol habits. An old man with a chronic disease of long standing had long been accustomed to take four ounces of paregoric *per diem*, with more or less morphine during the night. He also was addicted to drinking to excess. His wife, applying at a drug store for morphine in my presence, I induced her to get a mixture containing seven grains of acetanilid to the fluid drachm, with enough quinine to make it bitter. Continued use of the acetanilid, the opium being stopped short, has caused the man to be comfortable, to sleep at night, and to be able to quit drinking entirely for a month. Having taken large quantities daily for weeks, I know there is no approach to the formation of an acetanilid habit in a nervous person.

This case, it seems to me, warrants the hope that the drug may have a certain use in alcoholism and morphinomania. Its action on the vaso-motor nerves, mentioned in my paper of 1887, indicates the use of acetanilid in hemorrhages. I have used it only in hæmoptysis, and it has never failed to promptly check the bleeding.

In my judgment of this drug I have especially endeavored to avoid confusing *post hoc* with *propter hoc*, and I have omitted reference to therapeutic uses of acetanilid about which I am not yet certain, as well as to those which I have seen published.

THE POISON OF THE RATTLE-SNAKE.

BY L. J. JONES, M. D.,
MOSCOW, MO.

I have never been much afflicted with what Dr. John Hawley calls "The Medical Journal Habit," German or American. The articles of Dr. Blackwood, of Philadelphia, and Dr. Milner, of Texas, in the REPORTER last year, have forced me to say something in regard to the poison, especially of the rattlesnake. Dr. Blackwood is of the opinion that the cotton-mouth is more poisonous than the *Crotalus horridus*. This is contrary to Dr. Mead, a celebrated English surgeon and naturalist, who lived about two hundred years ago. He was of the opinion that the cobra-di-capello, of India, and the rattlesnake of America were two of the most poisonous snakes in the world.

I have witnessed a full-grown squirrel, running up and down the body of a tree, its hair ruffled up, chattering in great distress, trying, it would seem, to keep among the branches of the tree, but drawn by a power it could not resist to come to the ground, which it finally did, and was stricken by a large rattlesnake with nine rattles. It fell dead by the side of the snake as quickly as if it had been shot through the brain by a rifle ball.

The curability of a human being from the bite of so poisonous a snake would depend upon the age of both human being and snake, also upon whether the part bitten was covered with clothing or not—in other words, a young snake with only a "button" on the end of his tail, that is, a snake one year old, would not have poison enough to kill an adult, whereas he would kill an infant.

All poisonous snakes I ever examined had two rather large hollow fangs lying in the roof of the mouth. At the root of each fang is a cyst full of virus, which empties into each fang.

When the snake is angry he coils himself up, throws his head back, and the fact that his jaws are joined only by a ligamentous symphysis enables him to throw the upper jaw back so far that his fangs, instead of lying flat in the roof of his mouth, now stand out at right angles, and when they are driven into any substance, the pressure exerted by their base upon the cyst containing the poison forces it through the hollow fangs into the flesh bitten. Should one or both fangs be broken off he is provided with from four to six rudimentary fangs, ready to take the place of the broken one.

I have described an old acquaintance, whom I have known from my boyhood. I have seen him in all his majesty in the mountains of North Carolina and Georgia. The largest I ever saw measured six feet two inches.

He also dwells here in Missouri, and the timber variety is not to be smiled at, although the prairie rattlesnake is not more dangerous than the copper-head.

The symptoms of a rattlesnake bite may be said to be an intense burning in the wound, extending over the body, even to the top of the head; vertigo, nausea, and vomiting; dimness of vision; spasmodic action of the muscles, followed by reaction and great depression of all the vital powers; and finally, death from syncope.

From the foregoing we see that stimulants are indicated in the treatment. Experience amply proves that alcoholic stimulants are sufficient to procure recovery in the most cases; and *intoxication cannot be produced until the effect of the poison has been overcome.* It is only in cases in which the stomach will not tolerate whiskey in large doses that we need a more sure and prompt remedy. Such a remedy was given to the profession in the United States, in 1858, by Prof. Wm. A. Hammond, M. D., now Retired Surgeon-General, U. S. A., but at that time Ass't. Surg., U. S. Army. The remedy referred to is "Bibron's antidote." The following is the formula:

℞	Potass. iodidi	gr. iv
	Hydrarg. chloridi corros. . . .	gr. ij
	Bromini	f℥ v
M.		

Sig. Ten drops of this mixture, diluted with a tablespoonful of wine or brandy every hour, as symptoms may indicate. It should also be rubbed on the bitten part.

In the *American Journal of the Medical Sciences*, Vol. XXXV, 1858, page 94–96, Dr. Hammond's experiments are given in detail. In the same volume, pages 375 and 376, the antidotal power of the mixture above referred to is demonstrated. Dr. E. M. Walker, of Texas, reports experiments with Bibron's antidote in the *American Journal of the Medical Sciences*, Vol. XXXVI, pages 567 and 568. In the same volume, page 575, Dr. A. M. Sabal, of Georgia, reports experiments with the antidote. Dr. D. O. C. Henry, in the same journal, Vol. XXXVIII, reports the saving of the life of a negro, bitten on the ankle by a rattlesnake, by means of Bibron's antidote.

It is astonishing that a remedy so well established as this was thirty years ago, by a man of the acknowledged ability of Dr. Hammond, should be lost sight of, and that physicians should, when called upon to treat snake bite (which is very seldom, as though doing a country practice, I have only treated two cases in thirty years), should have no certain remedy. It is, as before stated, so generally known, by people living in the country, that whiskey, from one to two pints, will cure snake bite, that it is usually tried.

I will briefly report two cases of rattlesnake bite which I have treated with Bibron's antidote.

On August 8, 1877, I was called to a young woman, 18 years old, who, her father informed me, was two hours before engaged in picking blackberries. Reaching for some berries with the right hand through some undergrowth, something stuck in the ring finger of the right hand. Paying no attention to this, she placed her left hand on a stump, to enable her to reach further for some more berries. On this was a rattlesnake, the same which had bitten her on the finger, and which this time bit her on the upper lip. Her brother killed the snake. It had a "button," but no rattle. She was carried to the house, some two hundred yards distant. Whiskey was given her, but she vomited it up as fast as she swallowed it. I saw her two hours after she was bitten. Her pulse was very weak, and her face swollen so that her eyes were closed. I gave her ten drops of Bibron's antidote in a spoonful of brandy and water. I also rubbed the bitten parts with it. In one hour I gave another dose, and left directions, if the swelling did not recede, to keep it up all night. I saw her the next morning at ten o'clock, A.M. At that time all the swelling had disappeared, and she needed no further treatment.

The next case occurred in the summer of 1880. A negro man was bitten on the leg. The snake had five rattles. The man's stomach did not tolerate whiskey. The bromine mixture acted like a charm.

This is my total experience about snakebite in a practice of over thirty years.

One word about the cobra. Some one in MEDICAL AND SURGICAL REPORTER, year before last, said the cobra bite was painful. This must be a mistake. Cleopatra was bitten by a cobra. Her death, as given by Shakespeare, accords with the description by a modern English surgeon, who, to keep his Hindoo servant who had just been bitten, awake, tied his hands to the back of his gig, plied him with brandy, made his horse trot, and the servant trot also, to keep him from going to sleep. In one hour he was well.

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—Professor Du Bois-Reymond has been elected Corresponding Member by the Swedish Academy of Sciences.

—The well-known chemist, Professor August Wilhelm von Hofmann, who was for twenty years professor in the Royal College of Chemistry in London, has been appointed Corresponding Member by the Vienna Academy of Sciences.

THE CLIMATIC CAUSATION OF CONSUMPTION.[1]

BY HENRY B. BAKER, M. D.,
LANSING, MICH.
SECRETARY OF THE STATE BOARD OF HEALTH OF MICHIGAN.

The facts presented were mainly included in twenty-four tables and as many diagrams, showing by months the relations of sickness and of deaths to atmospheric temperature and absolute humidity. The statistics of sickness included those of the State of Michigan, the United States Armies during the late war, and of the British Armies in India. The statistics of deaths included those of Michigan, Massachusetts, United States Armies, British Armies in India, and of the city of London, England. Enormous numbers of cases of sickness and of deaths were tabulated and graphically exhibited. They seemed to prove that, in each part of the world, consumption follows in months succeeding those in which diseases of the air-passages—including influenza, tonsillitis, croup, and bronchitis—prevail; that the same is true of small-pox, scarlet fever, and diphtheria—communicable diseases believed to enter by way of the air-passages; and that these diseases last later than the unfavorable temperature and dryness according to the average duration of the disease—the acute diseases occurring most in the same month, and small-pox and consumption following apparently about three months later than the exposure.

I do not accept the view that there is only one cause or condition leading to consumption. To me the evidence is conclusive that the causation of consumption is complex. But, though complex, I believe the problem is now quite within our grasp, in all its most important features, if we only hold fast to the truths we have learned as to the relations of consumption to low wet places, while we grasp the obverse idea of the favorable influence of high, dry, and sunny places. We must hold fast to this double image of one great truth, while we lay hold of that one which teaches us the great importance of proper clothing, food, and all that goes to make the nourishment of the body fully equal to all demands upon it; and grasp also the great truth which Dr. Robert Koch has given us—that there is a specific cause which, *under favoring circumstances and conditions*, is an essential factor in the causation of consumption. While holding all this in mind, I ask you to consider how it is that this specific cause usually enters the body. It is a fact that, just as the specific causes of many other diseases (as is proved by the statistics of sickness and deaths which I present to you at this time), just as they enter and cause the disease in proportion to the coldness and dryness of the atmosphere, so the specific cause of consumption, apparently and probably, finds lodgment in the lungs and air-passages, other things being equal, in proportion to the coldness and dryness of the atmosphere. Moreover, the danger of anto-infection and of death to one in whose body the disease is already present is increased by exposure in an atmosphere unusually cold and dry, while the condition of the blood is such that saline and albuminous exudates are liable to occur in the air-passages.

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[1] Abstract of a paper read in the Section on State Medicine of the American Medical Association at Newport, June 26, 1889.

Finally, in order to grasp the most at once, we need to link the facts together—realizing the fact that over the low *wet soil* there is generally a *cold dry atmosphere*, thus making it plain that the facts observed and collated by Drs. Bowditch and Buchanan are entirely in harmony with those of Dr. Koch, and with the enormous numbers of facts which I have tabulated. All these facts, I say, prove beyond question that there is a causal relation between the inhalation of such an atmosphere and the occurrence of all the ordinary diseases of the air-passages, and also of those communicable diseases which enter by way of the air-passages, including tubercular consumption.

ELECTROLYSIS IN THE TREATMENT OF STRICTURE OF THE RECTUM.[1]

BY ROBERT NEWMAN, M. D.,
NEW YORK.

The modus operandi of electrolysis in the treatment of stricture of the rectum is virtually the same as in stricture of the urethra. A good galvanic battery is used, and the negative electrode is introduced per anum to the seat of the stricture, while the positive sponge electrode closes the circuit, and is placed in the hand of the patient, or on some other part of the body. The strength of current applied varies from 5 to 15, or even to 20, *milliampères*, according to the seat of the stricture, the nature of the neoplasm, the size of the electrode and other conditions. The *sèance* may last from 5 to 15 minutes, and under circumstances may be prolonged to 30 minutes. No force should be used. The electrode should be kept steadily against the stricture, and only guided, until the electrolytic action does the work of enlarging the calibre, and then the instrument passes the obstruction. The electrodes have at one end a metal bulb of copper or brass, which is silver plated ; some are flat, others round ; the latter more egg-shaped. They are made in sets of different sizes. The stem of the electrode, except the extermities, is insulated with hard or soft rubber ; some are stiff, but most of them are flexible. According to circumstances, needles are sometimes used for the negative pole. *Sèances* may be repeated in one or two weeks.

The report of my first case, treated in 1871, is complete and interesting, and shows the perfect success obtainable by electrolysis. It was a very bad stricture, complicated with five fistulæ, beginning in the rectum. The patient was permanently cured, and after her death later from peritonitis, the specimen was procured and showed no sign of relapse, and a microscopical examination disclosed no heterologous tissue, and nothing strictly neoplastic. All the other cases I have minutely reported, and have documentary evidences from different reliable sources bearing upon them. In recapitulating the facts in these twelve cases, we find some interesting items. It seems that females are more disposed than males to have rectal stricture, as out of twelve cases, only two were males. The ages of the patients run mostly between 30 and 40 years ; the youngest is 24, the oldest 62 years old. The two males were comparatively young men, respectively 23 and 26 years old. Eight cases were of single strictures ; four had multiple strictures. The duration of the malady was from six months to twenty years. The causes varied ; but hemorrhoids and constipation were important factors ; other causes were : syphilis, venereal enteritis, and dysentery. It is certain that a rectal stricture may follow any inflammation of the rectum. One case had the complication of five fistulæ commencing in the rectum and ending externally in different parts of the vulva and gluteal regions. As soon as the stricture was cured, the fistulæ healed up without any treatment. Only two cases had no previous treatment; two had medical, and the rest surgical treatment; six of the patients had been operated upon with the knife. Not in a single case had the previous treatment been successful; all were entire failures, and all that can be claimed, in some exceptional instances, was a temporary relief, followed by relapses.

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[1] Abstract of a paper read before the Section of Anatomy and Surgery of the American Medical Association, at Newport, June 27, 1889.

Even the most sanguine operator will admit that proctotomy must be followed by the use of a rectal bougie at regular intervals. If we now compare all other methods used formerly with the treatment by Electrolysis, we find that the latter has at least improved every case, and in the majority of cases has effected a cure. The three cases 5, 6, and 8 were certainly improved, although in the end they may not prove satisfactory. One patient had too many complications, and could not have been permanently benefited. The second was an aggravated case, and the patient too poor to attend to herself or even to come regularly for treatment. This case was then operated upon, and afterwards she had to use a rectal bougie regularly. By this means she kept the stricture from closing up again, but after 4 years had a relapse with complications, and finally died. The improvement in the third case (No. VIII) has been graciously acknowledged by several surgical authorities. However, the patient had to leave the city, thereby interrupting the treatment and a papillomatous growth, which was considered by some to be cancerous, complicated the case to such a degree that a cure could scarcely be expected under any treatment.

These cases are given just as they were, without claiming any success. The remaining nine cases, however, were cured by the electrolytic treatment; and, as far as known, no relapse had taken place, in from one to ten years respectively. In one case nothing has been heard from the patient.

The best results were achieved from the method used in the treatment of urethral strictures by electrolysis, that is, with metal bulbs at the negative pole, and with weak currents at intervals. But the nature of the parts treated permits the current to be applied stronger and oftener than in the urethra. While in the urethra a current of 5 *milliampères* is strong, we may increase the current in the rectum to 15 and sometimes to 20 *milliampères*. We may prolong a *sèance* to from 10 to 30 minutes and repeat it in four days. Stronger currents and the treatment by needles have not proved as successful.

I hope not to be called too sanguine or an enthusiast, when I make the following conclusions:

1. Electrolysis, in the treatment of stricture of the rectum, is not a panacea; on the contrary failures may happen, and it probably will ultimately fail if the stricture is due to *carcinoma*.

2. Electrolysis will give improvement to the rectal stricture when all other means have failed.

3. Electrolysis will *cure* a certain percentage of cases, without a relapse, better than other modes of treatment and without the necessity of using an after treatment or using bougies.

4. The best chances for a cure are in cases of fibrous inflammatory strictures.

5. The best mode of treatment is with a metallic bulb, as negative, weak currents and intervals of from four days to two weeks. (Further experience in time may change this rule.)

From other reliable sources more cases of successful treatment by Electrolysis are added, as also extracts from letters as follows:

(1) One case of stricture of the rectum treated with electrolysis by Samuel Benton, M. D., M. R. C. S., of London. In a private letter Dr. Benton writes from London, June 1, 1889; "The two patients whom I treated for stricture of the rectum by Electrolysis, and published the cases, have remained well and are permanently benefited."

(2) Dr. W. T. Whitmore, of London, writes that he has treated cases successfully with Electrolysis. His paper was read at a meeting of the West London Medico-Chirurgical Society, and is now in press.

(3) Dr. W. E. Stephenson, of London, writes: "Strictures of the rectum can, like all other strictures, be treated by electricity. The amount of success achieved by these means depends upon the nature of the obstruction. In some cases a cure can be effected."

(4) One successful case by Dr. S. T. Earle, Jr., of Baltimore, who kindly has sent the notes. It was a case of syphilitic stricture of the rectum of long standing, treated suc-

cessfully by Electrolysis, no other remedy or medicine being used during the treatment by electrolysis. Previous operation by posterior linear proctotomy gave no permanent benefit. The result of Electrolysis has exceeded his most sanguine expectations and the patient has had no relapse.

SOCIETY REPORTS.

AMERICAN MEDICAL ASSOCIATION.

Fortieth Annual Meeting, at Newport, R. I., June 25 to 28, 1889.

First Day, June 25.

The meeting of the general session was called to order by Dr. Horatio R. Storer, Chairman of the Committee of Arrangements. Rev. Thatcher Thayer, D. D., the senior clergyman of Newport, offered prayer.

Hon. Herbert W. Ladd, of Providence, Governor of Rhode Island, delivered an address of welcome.

The President, Dr. W. W. Dawson, of Cincinnati, delivered the Annual Address, in which he stated his belief that the Anglo-Saxon race was destined to be the greatest, in point of numbers and intellectual attainments, in the world. Most of the race will be in America. He then spoke of the

Physician of the Future,

and said: By the last census it was shown that nearly four thousand schools for higher learning existed in the United States, and that nearly four hundred of them ranked as Colleges and Universities. In these are massed, yearly, sixty thousand pupils. They, together with two hundred thousand common, or primary schools, in the higher grades of which the curriculum nears that of many colleges at home and abroad a third of a century ago, may be looked upon to supply, year after year, a better material from which medical students will be drafted.

Every one traveling through the States—especially of the West and South, and those situated in the far away mountains, and on the Pacific—must be impressed with the onward march of public instruction, the gradually increasing general intelligence, and the vast sums that are annually expended for the education of the people. Public school buildings, by their size, adaptation, and attractive surroundings, give an impression which the most skeptical must feel, a promise of the future which cannot be misread. From such as these, scientific medicine must reap a share. Every teacher, every one connected with the examination of candidates for the medical degree, knows—and the knowledge is reassuring—that, year after year, the grade of the medical student is advancing, that the material out of which the practitioner is made, is constantly growing better, becoming stronger; in other words, that the preliminary education of our students is steadily becoming more broad and comprehensive. I gave utterance to this view a few years ago, in an address which I had the honor of delivering to the State Medical Society of Ohio. Time, I believe, has confirmed what I then said. This confirmation is seen in our graduates as they go forth to take up the line and battle of life. Are they not the equals of the graduates in other professions, in law and theology? As life advances, are they not the peers of any, in all the useful elements of true manhood? Are they not the citizens of best rounded characters, citizens most relied upon by their neighbors in foul as well as fair weather.

Again, in addition to facilities already referred to, the most generous provisions are being made, all over our land, for institutions which will be worthy to be called Universities. From these, graduates will emerge, worthy to rank by the side of those bearing the prized degrees from Oxford, Cambridge, Paris, Heidelberg or Leipsic. During the Summer of 1888, I witnessed the beginning of a University in California, which in scope and equipment will surpass, probably, any school upon the continent. Should Governor Stanford live to develop his conceptions, that far-off State will have an institution of which, not only the Pacific Coast, but our entire country, yes, all civilization, will feel justly proud. It may be so liberally endowed, that it will command the best abilities of the world.

Defective as has been much of the material, yet have we not produced some marked results? Our best are equal to the best anywhere; mediocrity always and everywhere finds its own. The poor in medicine, the weak brother, however much we may deplore him, however much we may train him, we have, like the poor, always with us. This is the lot of humanity in all lands, amongst all peoples, new or old.

A word as to the physical qualities of "The Coming Doctor." Recently a distinguished foreign traveler, in speaking of our educational facilities and national peculiarities, said: "Students are much calmer than their colleagues in Europe. They don't at all trouble themselves about politics or affairs outside their line of duty, and with the practical sense which animates the nation, they try to make the best use of their time. They fight no duels, and it is only for health and recreation that they take part in various sports and games." These remarks apply with equal, in fact, with greater force, to medical students.

Is this picture overdrawn? One word more. In many of the States of the Union, in addition to the liberally supported free schools and schools for higher education, already colleges have been established through the munificence of the General Government, in which the degrees of A. B. and A. M. may be obtained. They are absolutely free colleges, at which the poorest boy in the commonwealth may receive a classical education. And here, you will allow me to say, we cannot insist too strongly upon the necessity of classical education; without it the medical man must ever be at a disadvantage. Without a knowledge of Latin and Greek, sure and distinguished success is uncertain. The student may neglect algebra and the higher mathematics, but let him, by all means, have a liberal knowledge of languages.

At the last commencement of one of our Western schools, "forty per cent. of the graduating class had been admitted on diplomas from literary or scientific colleges. The balance of the class had received from one to five years of academic or collegiate instruction." This college is without endowment—depending entirely upon the learning, devotion, and sacrifice of the Faculty.

Let us not, gentlemen, be impatient; the influences are already projected which will give us students equal to—up to—the highest standard of preliminary preparation. If we have accomplished so much in our primitive stage, what may we not expect when all our great preparatory works come fully into action?

From this view of the resources from which medical students are to be drawn, and of the liberal preparations and facilities for their culture, we may well ask, what is the profession doing to profit from such advantages?

Some of the classical schools at Oxford and Cambridge were organized as early as the thirteenth century, but the systematic, scientific study of Medicine and Surgery came long subsequently—not for four hundred years later—about the middle of the eighteenth century. It was first projected in Great Britain, and soon after in our Atlantic cities. Unlike the Old World, our fathers had a wilderness to conquer before progress could be made. When the Pilgrim Fathers left England, reading and writing were rare accomplishments; chimneys in that country had just been invented, and flock beds were luxuries. The adventurers—the emigrants to these shores from that ancient and imperfect civilization—had much to learn; but in the midst of their pitiable ignorance, facing great hardships and pressing wants, they were quick to provide educational opportunities for all. The result of their efforts are apparent—they are before us. Could more have been accomplished in one century?

The Section on Practice of Medicine, Materia Medica, and Physiology, was opened with an address by the Chairman, Dr. F. C. Shattuck, who spoke of the progress made in the diagnosis and treatment of diseases. Dr. I. E. Atkinson, of Baltimore, read a paper on some of the

Rarer and Graver Forms of Cinchonism.

Cinchona and its allies are generally given, he said, without regard to idiosyncrasies. Intoxication, the result of cinchonism, may be very grave. The absolute frequency of cinchonism is not great, but is worthy of notice. Dr. Atkinson has collected the histories of over fifty cases of quinine amaurosis, in nearly all of which blindness was present. Vision is often affected without suspicion of the influence of the drug. In most cases the blindness comes on suddenly, but in many its advance is gradual; it may even occur in twenty-four hours. In all, or nearly all, cases sight is recovered, but the eyes are often affected for a long time, even as long as two years, and permanent color-blindness often results. The blindness is almost complete, the color-blindness is marked for a long time; the pupils are much dilated, the discs are white and pallid; there is contraction of the visual field; impairment of hearing is often noticed; and some patients have anæsthesia of the cornea, strabismus, etc. The pathogenesis of quinine amaurosis is not at all understood, although many explanations have been offered. The dose of quinine sufficient to produce blindness is very variable. H. C. Wood had seen it after doses of twelve grains. Blindness always results when the cases are fatal. As immense doses are taken without causing blindness, the latter undoubtedly occurs as an idiosyncrasy. Tinnitus aurium is common, but permanent deafness has never been recorded, even complete temporary deafness has probably never been observed. In those already deaf this deafness may be increased. In the ear there is much anæmia. Enormous doses of quinine are necessary to produce death, and fatal cases of cinchonism have rarely been recorded. The cardiac conditions described in the autopsies of the various fatal cases are very dissimilar. Sufficient attention has not been given to the dangerous and toxic effects of quinine in large doses.

Dr. John H. Musser, of Philadelphia, read a paper on

Clinical Aspects of Vomiting.

After reviewing the act of vomiting, he divided it into direct and reflex. Changes in the organs of sense, etc., will also cause vomiting. The duration, time of day, and character of vomitus should all be considered in looking for the cause. In naso-pharyngeal catarrh, and in chronic uterine disease, morning vomiting is not infrequent. Sudden and painless vomiting in the aged is often one of the first symptoms of cerebral hemorrhage. There is no exhaustion in this kind of vomiting. If collapse occur, the vomiting may be uræmic. Prognosis is always grave in these conditions. In all conditions of vomiting the causes should be looked for.

In the Section on Surgery and Anatomy, Dr. N. P. Dandridge, of Cincinnati, Chairman of the Section, read a paper on

Surgical Interference in Fractures of the Spine.

His conclusions are: In fractures of the cervical vertebræ, there is indicated immediate reduction of any displacement by extension and manipulation under an anæsthetic, followed by continuous extension and immobilization. In all fractures of the lumbar or dorsal spine, involving the bodies or the arches, reduction is effected, with or without the plaster-jacket, by the hammock suspension, preceded, if there is evident displacement, by extension under an anæsthetic. When symptoms indicating injury of the cord persist without improvement, resection is indicated. Immediate operation would be indicated when there is marked depression of the arches with symptoms of paralysis. Long continuance of the symptoms is not in itself a contra-indication to operation. We have, in suspension, the means of alleviating some of the sequelæ of fracture of the spine.

Dr. Maurice H. Richardson, of Boston, reported a series of

Fifty-Seven Operations on Peripheral Nerves,

taken from the records of the Massachusetts General Hospital. Of this number twenty-eight had been performed by himself. Thirty-five cases of neurectomy for neuralgia were reported very briefly. Most of these cases were affections of the trifacial nerve. The earliest cases of trifacial neuralgia were treated by section of the motor nerve. This was probably done with the idea that the pain was caused by facial spasm. These operations were unsuccessful. In the operations of later years is to be seen a constantly increasing thoroughness and severity. In the beginning there was only a subcutaneous section of the nerve, but now as much of the nerve-trunk as possible is excised. In obstinate cases the nerve is divided at the foramen of exit from the skull. The result of these operations has been an almost invariable temporary success. The period of immunity from pain lasts from a few weeks to several years, while in some a permanent cure has followed. The length of the period of relief bears some relation to the amount of nerve removed.

Several cases of buccal neuralgia were treated after the method of Zuckerkandl—by dividing the main trunk of the nerve as it emerges from the space between the coronoid process of the lower jaw and the insertion of the temporal muscle. Several methods of operating on the inferior dental nerve were described; the most important of these was the total evulsion of the nerve by trephining over both dental and mental foramina.

In the Section on Obstetrics and Diseases of Women, Dr. W. W. Potter, of Buffalo, N. Y., read a paper on

Boracic Acid in Gynecic Practice.

He applies the remedy as an injection, dry to the vagina, and in the form of boracic acid with alternating layers of cotton. He allows this dressing to remain a week in some cases, and thinks once a week often enough for these applications. He has had good results with boracic acid after plastic operations. In these cases he leaves a rope of borated cotton hanging from the os over the perineum.

Dr. Potter also regards boracic acid as a remedy of great value in sterility due to acrid secretion, which destroys the fecundating power of the sperm. He says it is one of the best powders to render operative wounds in the genital tract aseptic. Boracic acid is suited to many gynecic uses in which an antiseptic is required.

Dr. William H. Taylor reported a case of Ectopic Gestation successfully treated by Galvanism.

Dr. W. H. Wathen, the Chairman of the Section, delivered an address on the Pathology of Ectopic Pregnancy and Pelvic Hæmatocele, in which he took the ground that ectopic pregnancy is always primarily tubal, with the possible exception of ovarian pregnancy.

In the Section on State Medicine, Dr. W. C. Rives, of New York, read a paper on the importance and essential needs of

Local Boards of Health,

in which he said that it is to local and not to State boards that we must look for the most effective work.

In the Section on Diseases of Children, following the address by the President, Dr. J. A. Larrabee, Dr. T. B. Greenley, of West Point, Ky., read a paper on the

Management of Infants during the First Year.

The paper was devoted almost exclusively to gastro-intestinal disorders. Dr. Greenley spoke of the predisposing causes of mortality—intemperance, syphilis, etc. In the feeding of children he believes that pure cow's milk is better than the diluted milk. He objects to the use of starchy foods. If a wet-nurse be selected, she must be carefully watched, as she may neglect her foster-child, or administer an opiate or alcohol. The author considers that mothers who allow their infants to be nursed by hired women are often guilty, unintentionally, of infanticide.

In the Section on Dermatology and Syphilography, the Chairman, Dr. L. Duncan Bulkley read an address on the

Recent Advances in the Treatment of Diseases of the Skin,

in which he referred to the use of the curette in the removal of moles, warts, lupus, etc., and also to other forms of mechanical therapy. The employment of electrolysis for the destruction of superfluous hairs and of nævi, and for producing absorption of tumors was also mentioned. Unna's various modifications in treatment were alluded to. Dr. Bulkley has been disappointed in the results obtained from the use of ichthyol.

Dr. D. W. Prentiss, of Washington, read a paper on

Change in the Color of the Hair from the Internal Use of Pilocarpine.

He first referred to two cases of his own. In the first, a woman twenty-five years old, who employed pilocarpine to relieve uræmic symptoms resulting from anuria had her hair changed from light brown to black. In the second, a woman seventy-two years old, who took jaborandi for disease of the kidneys had her eyebrows changed from white to black. The author quoted cases from German and other medical literature, in which the use of pilocarpine had caused the hair to grow where it had fallen out, in some instances the new hair having a different color from the old.

In the Section on Laryngology and Otology, Dr. J. H. Bryan, of Washington, D. C., read a paper on the

Diagnosis and Treatment of Diseases of the Antrum.

The author remarked that, of the surgical affections, suppurative inflammation plays the most important part in diseases of the antrum; until recently it was regarded as a rare condition. It occurs generally after the first dentition. Among its causes are: (1) traumatism; (2) acute infectious diseases; (3) syphilis; and (4) extension of inflammation from carious teeth. The condition called hydrops antri generally results from catarrhal affections of the nose, in which the secretion is sero-mucous; but where it is muco-purulent it results from extension of inflammation from diseased teeth.

Four conditions, after eliminating wounds and exanthemata, may give rise to pus in the nasal chambers: (1) foreign bodies;

(2) disease of bone; (3) secretion of pus from the antrum of Highmore; and (4) secretion of pus from the frontal sinus and anterior ethmoid cells. The indication for treatment of abscess of the antrum is to let out the pus, drain the cavity, and disinfect it; if the abscess point anywhere, it should be opened there. The tendency of practice is to open these abscesses through the nose, returning to the method of Hunter, after a century during which the practice has been to open through the mouth.

The operation most approved is Cooper's—that through the alveolar process. It has these advantages: It affords the best means for draining and disinfecting, and it can be performed without anæsthetics. On the other hand, it offers facilities for the entrance of food and bacteria, and it sometimes necessitates the extraction of a sound tooth. Mikulicz opens through the lateral wall of the nose where it is thin. This operation gives easy drainage and washing of the cavity, and there is little danger of entrance of foreign particles.

Local treatment, he said, is very important, including irrigation by mildly disinfectant fluids. Permanganate of potash best overcomes fetor. A syringe specially adapted to washing out the antrum from this point was shown by the author, and several cases were reported in illustration of the subject.

Second Day, June 26.

After the general session had been called to order, prayer was offered by Right Rev. Thomas M. Clark, Bishop of Rhode Island.

Dr. William Pepper delivered the

Address in Medicine,

which was devoted to thoughts suggested by the life of Benjamin Rush, who is hard to equal in the range of subjects in which he interested himself, and in his grasp of them. He was a genuine social reformer; his arguments were compact, clear, and forcible. He was one of the earliest advocates of higher medical education. He should not be judged too harshly for his advocacy of bleeding, for it is difficult to believe that in certain stages of disease the bleeding practice did not do good.

In the Section on Practice of Medicine, Materia Medica, and Physiology, Dr. Francis Delafield read a paper on

Chronic Endocarditis,

in which he referred to the great frequency of the disease. The disturbances of the circulation are due to the endocarditis, dilatation, and hypertrophy of the ventricles, inflammation or degeneration of the wall of the heart, inflammation of the coronary arteries, abnormal heart-action, and the associated pulmonary emphysema, chronic endarteritis, and chronic Bright's disease.

In the Section on Surgery, Dr. Charles B. Porter, of Boston, read a paper on

Exstroversion of the Bladder,

in which he gave an interesting account of this congenital deformity, and considered historically the operations that have been suggested for its relief. Up to the present time no operation has secured continence of urine. In an infant or young child, Wyman's method—that of bringing together the freshened edges of the bladder—is, in suitable cases, the best. The method by flaps is adapted to both sexes and all ages.

Dr. Dudley P. Allen, of Cleveland, Ohio, read a paper on

Litholopaxy in Children,

in which he said that the operation is adapted to medium-sized and small stones.

Dr. W. T. Briggs, of Nashville, Tenn., read a paper on

Choice of Operation in the Removal of Vesical Calculi in the Male,

in which he expressed his preference for the medio-bilateral method, because it opens up the shortest and most direct route to the bladder, passing in a straight line from one-third of an inch anterior to the verge of the anus to the neck of the bladder; it also facilitates the introduction of instruments and the extraction of the calculi. Moreover, it divides parts of the least importance. The incision following the median line does not encounter any structure of importance, nor does the slight bilateral section of the deeper parts do violence to tissues of vital consequence.

Dr. J. Collins Warren, of Boston, read a paper on the

Management and Treatment of Large Herniæ.

In the very large herniæ the patient usually suffers from some form of disability, which prevents him or her from exercising that control over a hernial tumor which an able-bodied and intelligent person is usually capable of doing. In a large number of cases obesity is a predisposing cause, especially in women. The type of man usually afflicted with a large scrotal hernia is twofold. Either he is a large, middle-aged business man, so engaged with his work, or of so callous a temperament, as to have neglected his disease until driven to treatment by fear of permanent disability; or, he is an old and feeble individual, or so obtuse as to be unable to manipulate the part so as to effect a reduction, or without sufficient intelligence to apply and keep in place a truss. Finally, there are children with congenital herniæ, whose position in the social scale is so lowly that the little patient has never been able to receive proper care. No special plan of treatment was adapted by Dr. Warren to all these classes of cases, but each case received such treatment as the special conditions governing it seemed to call for. Nine cases were related in detail. In none of these cases was a radical cure attained, but in all the patient has been satisfied with the result of treatment.

Dr. John B. Deaver, of Philadelphia, read a paper on the

Radical Cure of Hernia,

in which he described the operations of Macewen, Baker, Banks, McBurney, and others. The method which the author usually employs is Baker's, modified only in the introduction of the sutures for closing the canal, after the manner of Macewen. He uses antiseptic silk sutures, and a few strands of chromicized catgut placed beneath the superficial set of sutures. The operation that he has done most recently is a modification of McBurney's, differing from it only in that the fundus of the sac is left *in situ*. This, of all operations, he considers the most rational and the least likely to be followed by a return of the hernia. This is the course also pursued in femoral hernia.

Dr. Charles W. Dulles, of Philadelphia, read a paper on

Properitoneal Hernia,

in which he referred to the rarity of the deformity—only three cases with that title having been recorded by American surgeons. The history of these cases indicates that the hernia is for the most part originally inguinal, and is often accompanied by an undescended testicle. After occupying the inguinal canal for a certain time, the obstruction offered by the incarcerated testicle, or sometimes by a truss, forces the protrusion, under a strain, out of the canal and into the loose tissues between the peritoneum and the muscles, or between the muscles themselves, or between the whole mass of muscles and the skin and superficial fascia. They usually occupy a position above and parallel to Poupart's ligament, and stimulate enlargement by hydrocele of the spermatic cord. They are sometimes so large that they overlap Poupart's ligament and hang down over the thigh. They often extend upward and outward as far as the anterior superior spine of the ilium. The treatment is usually by a cutting operation. Dr. Dulles has found the record of a case which was successfully treated by taxis, but his investigations have led him to the belief that this is the most dangerous way to treat it.

In the Section on Obstetrics and Diseases of Women, Dr. Joseph Price, of Philadelphia, read a paper based on

Five hundred Cases of Confinement in a Maternity Hospital,

in which he gave the details of the treatment in a maternity hospital in Philadelphia, with which he is connected. The treatment was after the highest and most approved method of cleanliness. He said the talk a few years ago was to abolish the lying-in hospitals on account of their terrible mortality. The tables are now turned, and the greater mortality is in the private practice. He wished to invite a discussion which would lead to more refinement in the *technique* of the treatment of labor.

Dr. Thomas Opie, of Baltimore, said he had visited the maternity spoken of and found it unique. He had great hopes for the future in this line.

Dr. Hirst, of Philadelphia, considers the plumbing of great importance. In an infirmary where he practises he had the closets put in towers, where the ventilation is excellent, and had within twenty-four hours a fall of temperature. He has found the mortality to be very great in tenement-houses where the plumbing was at fault.

Dr. W. T. Lusk, of New York, thinks that the practitioner should hold himself responsible for the plumbing of the house in which he delivers patients.

Dr. Joseph Taber Johnson, of Washington, D. C., read a paper on

Tetanus Following Ovariotomy.

The rarity of this complication of ovariotomy, and the recent interest in the transmissibility of tetanus, were his reasons for bringing this case before the Section. The history of the case was, in brief, as follows: A solid growth, sarcoma of the ovary, the size of a child's head, was removed. The patient, who was sixty-one years old, recovered rapidly and without complication until, on the morning of the thirteenth day, she developed tetanus, and died on the third day of the disease and fifteenth day of the operation. She exhibited numerous muscular spasms; the mind was clear, the jaws locked. The convulsions were especially active in the neck and back, and during their presence the pulse was notably weaker. The patient died of what appeared to be heart-failure. No other patient in his hospital was affected with this disease, and it was the only case which had occurred in it in the eighteen months it has been in operation. Dr. Johnson thinks there was probably no outside influence. His horses were healthy and he does not drive them himself, so there could be no opportunity for infection in this way. In all cases of inoculation the disease is contracted and the patient dies in a very few days, generally not more than three. His patient got along well until the thirteenth day. The author's case, the case of Homans, of Boston, and that of Richelot, of Paris, are the only cases of this complication Dr. Johnson could find. The room in which the author had operated was thoroughly disinfected.

In the Section on Diseases of Children, Dr. F. E. Waxham, of Chicago, sent a paper on

Intubation of the Larynx,

with report of cases, which was read by Dr. Larrabee. During the past year the author has operated 60 times, and obtained 28 recoveries, or 46.66 per cent., making the total number of 210 operations, with 69 recoveries, or 32.85 per cent. He mentioned the increased percentage of recoveries. Dr. Waxham believes that the increased success is due to improved methods in feeding, greater experience, and better judgment in the management of the cases. He believes in the adoption of the inclined position, with the head down in feeding or when drinking. During the past year the youngest case operated on was six months old. Those that recovered under two years of age were aged respectively fifteen months, and (two) eighteen months. Every case except one was characterized by membranous formation in the larynx.

In the Section on Dermatology and Syphilography, Dr. Carl Seiler, of Philadelphia, read a paper on the relations

Between Acne and Diseases of the Nasal Cavity.

During the past ten years he has observed a great many cases of acne in connection with diseases of the nose, the acne coming and going with the appearance and disappearance of nasal irritation. Acne punctata was observed to be almost invariably associated with atrophic rhinitis, while acne rosacea was associated with hypertrophic inflammation of the nose. It is known, he said, that the blood supply of the turbinated tissue is intimately connected, through the nerve supply, with that of the skin of the face. Dr. Seiler believes that the function of the erectile tissue of the turbinated bones and elsewhere is that of taking up the overflow of blood of neighboring parts as observed in mechanical or nervous irritation. Relief of the nasal difficulty, in many of the cases which had come under his care, caused the acne to disappear without other treatment, local or internal. The connection between the skin affection and that of the mucous membrane of the cavity, seems to be both mechanical and nervous, or reflex, the one reacting upon the other.

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REPORTS OF CLINICS.

BELLEVUE HOSPITAL, NEW YORK.

MEDICAL CLINIC—DR. LOOMIS.

Pyo-pneumo-thorax.

At his clinic on May 8, Dr. A. L. Loomis introduced a patient with pyo-pneumo-thorax, and said: This patient started off two years ago with suppurative pleurisy. At least, we judge so from the history, which includes an account of chills without high fever. Five months ago he had both fluid and air in his pleural cavity, but he probably had suppurative pleurisy first, as the result of which an opening was made into the bronchial tube. As there is no history of coughing and expectoration at that time, there must have been a valvular opening from the lung outward, as sometimes happens, so that the air was admitted into the pleura; but the pus was not allowed to go into the bronchial tubes. Three weeks ago, he began to cough and expectorate for the first time, and the opening into the bronchial tube probably became complete at that time. There is not much fluid now in the pleural cavity; for he was aspirated a few days ago and six quarts of pus were taken from his side.

Now, you will find tympanitic resonance and loss of vocal fremitus; the displacement of the heart to the left, and flatness on percussion at the bottom; the tinkling sound, the absence of respiratory sound on the right side, and succussion—physical signs which establish the fact that the patient still has a pyo-pneumo-thorax. The recent withdrawal of a large amount of pus has made the percussion sound much more resonant than it usually is. It is interesting to note that he is pretty well nourished and that he does not look bad. He came in here and walked up three flights of stairs, with only one lung to breathe with. It becomes a very important question what to do with this patient. We have relieved his dyspnœa by aspiration. The danger of pyemic infection from suppurative pleurisy is not very great. As long as he has one lung which does the work of both very well, the question is, what are we going to do with the diseased side to cure it? If we could close up the opening between the pleural cavity and the lung I think we could cure him very readily; because we could then treat the case purely as one of empyema. We would then make an opening into the chest cavity, introduce a drainage-tube, and anticipate that by the gradual expansion of the lung the space would be obliterated to a greater or less extent. But, with an opening from the lung into the pleural cavity, even if we make a permanent external opening and introduce a drainage-tube, the lung will not expand to fill the space and, consequently, we would very likely set up gangrene of the pleura. There would be a constant current of air through from the lung into the pleural cavity, and a splendid chance for infection of all kinds. Moreover, as a matter of clinical experience, such cases do not do well. It is better to aspirate and draw off the pus and relieve the oppression which necessarily accompanies the presence of a large quantity of pus in the pleural cavity; then to improve the general nutrition, and take the chances of the opening into the lung becoming closed. As soon as that opening is closed, the air in the pleural cavity will disappear, and, consequently, the lung will be allowed to expand, which it cannot do now because the pressure is just as great on the lung in the pleural cavity as it is on the external surface. I should hesitate very much to make in this case a permanent opening, especially since the patient has improved so much since the aspiration. I should prefer to aspirate repeatedly, if that is necessary to keep down the accumulation of pus, and hope that the opening into the lung will become closed. A hospital is not the best place for this patient. Out-of-door life is best.

Aneurism within the Pericardium.

Here is a man in whose case no diagnosis has been made. His previous history is one of shortness of breath. He was affected suddenly with vertigo after lifting a heavy weight, and he fell and cut his head. He was taken to the Hospital, where his head was dressed. Then his heart was examined; something interesting was found, and he was kept in the Hospital for two or three weeks. He was treated, probably, for pericarditis, for he has a pericardial friction sound. He was given strophanthus and digitalis for the first twenty-four hours; and he became worse. Then he was given citrate of caffeine, which did not seem to have much effect; but he grew better and his vertigo was relieved.

My impression is that he has an aneurism inside the pericardium. On percussion, the area of cardiac dulness is found to extend up as far as the second rib. The friction sound is very distinct when he stands up or is placed in the sitting posture; but, after he has lain down for a few moments, it disappears, and there is an indistinct murmur just at the base of the heart. The murmur does not seem to be conveyed in any direction. He has had syphilis which, of course, would predispose him to arterial disease. His condition has been the same for two or three weeks, during which time he has been under observation. His eyesight has been interfered with more or less. The breathing has no bronchial character to indicate pressure from an aneurism. But, if an aneurism were given off just inside the pericardium, there would not necessarily be any definite physical signs. If you get a harsh murmur with a pericardial friction sound at that point, I think you might suspect an intra-pericardial aneurism, which is not generally recognized during life. It is a cause of sudden death in a great many instances. At the *post-mortem*, you will find in such cases, the pericardium filled with blood from the rupture of a small aneurism about the size of a hen's egg, or half that size, and given off just at the origin of the aorta. In one case I made just such a suggestive diagnosis as I do in this case, and it proved to be correct. But there is the danger that comes with increased experience, namely, of overlooking simple things and looking for rare things.

PERISCOPE.

Antirabic Inoculations an Unscientific Method in the Prevention of Hydrophobia.

Dr. Joseph Drzewiecki, of the Holy Ghost Hospital, Warsaw, Poland, in a communication to the New York *Medical Record*, June 15, 1889, takes positive ground against the method of Pasteur in the treatment of rabies. He says that the question as to the efficacy of Pasteur's method of prevention of hydrophobia has been subjected to considerable criticism, and from time to time voices of scientific men have been heard in opposition, the greatest objections coming from Frisch, Ullman, and Peter.

From Pasteur's whole defence the most characteristic argument is addressed to Professor Peter, *i. e.*, that he cannot dispute with incompetent persons, as Peter had never made experiments. The *France Médicale*, July 7, 1888, noticing this fact, remarked that with similar arguments it was difficult to convince anybody, and that now we live in a strange time when the chemist—the experimentor and not the physician—categorically accuses the professor and clinician as incompetent in justifying the therapeutic methods. The only argument which Pasteur always states in favor of his method is the statistics of inoculations. However, it cannot be considered as scientific, and therefore it cannot be seriously treated.

The editor of the *Journal de Médecine de Paris* showed upon what a weak basis Pasteur supported his statistics, and if they were seriously treated we should receive a greater percentage of mortality. The English Commission had personally inquired into 90 cases treated by M. Pasteur, but only 24 of these were said to have been bitten by undoubtedly rabid dogs, so that the 8 fatal in this number were far in excess of the usual proportion of fatalities in cases of bites of rabid dogs, viz.: five per cent. The report had reckoned that of the 2,682 cases treated at the Pasteur Institute the mortality should have been 130 instead of 40; but it ought to have been stated that only 233 of the cases were found to have been bitten by rabid animals, which would have given a mortality of only 15 if untreated. M. Lutaud contended that the Pasteurian method had increased the mortality instead of diminishing it. Before its adoption the annual average mortality in France was 30. The actual mortality in France during 1886 was 42, of which 25 had been treated by Pasteur.

As Pasteur defends his method by statistics, let us cite other statistics. Dr. Kishensky cites cases, selected from the archives of the Katharine Hospital in Moscow. The whole number of cases amounted to 693, and from this number, excluding persons bitten by other animals, 591 were bitten by mad dogs, and there died only 8, or 1.35 per cent. But the author asserts that in this manner statistics cannot be treated, because about many of the persons it was not known whether they had been bitten by rabid dogs, and therefore he omits all such cases and gives only those about which there was no doubt of their having been bitten by unquestionably rabid dogs. Some of them remained in the hospital under medical observation during at least six weeks, but the greater part of them three months and longer.

According to these statistics, it is shown that out of 307 persons bitten by unquestionably rabid dogs, 18 were bitten in the head; 90, in the hands; 25, in the feet; 170, in places covered with clothes; and 4, in places not indicated. Of 18 bitten in the head, 4 died, or 22.2 per cent.; of 90 bitten in the hands, 2 died, or 2.2 per cent.; of 25 bitten in the feet, none died, and of 170 bitten through the clothes, only 1 died, or 0.59 per cent. If we add to the deaths another, belonging to the 4 about whom it is not known where they were bitten, we have 8 deaths, or 2.6 per cent.

Out of 24 persons severely bitten by rabid wolves, 2 arrived at the hospital with the symptoms of hydrophobia; 5 were in the hospital only during six weeks, 4 of them were discharged in good health, and 1, very severely bitten, died of septicæmia. The remaining 17 cases were under observation during eight weeks. Of this number 11 were bitten in the head, 3 in the hands, and 3 in places not indicated; 5 of them died, showing a mortality of thirty per cent.; but, according to Pasteur, it is eighty-two per cent. All those who died had extensive wounds on the head. The author concludes that a greater number of persons died from the bite of wolves than from that of dogs, because the wounds of the former are larger and more numerous. Of 18 cases bitten by rabid cats, only 3 died. Of 17 cases bitten by rabid horses, 9 were in the hospital during three months, and none of them died of hydrophobia, but 1 died of erysipelas and another of septicæmia. Of 4 bitten by a rabid hog, none fell ill. To this number we must add 4 cases bitten by rabid men, 1 by a white bear, and 1 by a rabid squirrel. Thus of the whole number bitten by rabid animals—396—there died 18, or 4.52 per cent.

If we now consider that in Pasteur's statistics are included many cases improved, and if to this we add the cases given by Professor Peter—of which one died, as Peter asserts, in consequence of the antirabic intensive inoculations, and another died from rabies two years and three months after the antirabic treatment—we arrive at the conviction that the Pasteurian method has no value. *La France Médicale* and *L' Union Médicale* (January 6, 1887) published a letter of Dr. Ziegel, in which he writes that ten soldiers bitten by a dog, suspected of being mad, were sent for treatment to Pasteur. After their return to Wilna, they found the dog that had bitten them in a perfect state of health, and five months afterward the soldiers and the dog were quite well.

Pasteur himself, knowing well the insufficiency of the inoculations, found it advisable to make a certain precautionary statement, namely, that his method cures only the cases in which the bite is not deep and not on the head. What is the good of such a precaution? Is it not evident that the inoculations help at the time when the virus has not entered into the blood, and are inefficacious if the virus has been introduced?

I cannot understand why Pasteur's method is unsuccessful in cases in which bites by rabid animals are large and deep, especially in the face. If the virus acts through the nerves, the least scratch must allow the contact of the virus with the nerves, in which the skin abounds; at last the circulation permits the virus to come in contact with all tissues. Every new method deserves our attention as long as it shows itself efficacious in serious cases which cannot be cured by other methods. Meanwhile, the Pasteurian method includes only slight and doubtful cases, and excludes the serious; in one word, it cures those cases which probably would recover without any inoculations.

Finally, Pasteur asserts that the inoculations weaken the virus introduced by the bite of a rabid animal, *i. e.*, accustom the organism to the virus, no matter whether the unfortunate persons treated by him have or not very violent symptoms of rabies. If the inoculations harden the organism against the virus, then the symptoms of rabies should be very mild, as it is evident in small-pox. In what way, I ask, does Pasteur see the preventive properties of the inoculations? His method neither prevents rabies, nor does it weaken its symptoms.

Patient and Sick-Room in Surgical Cases.

At the meeting of the Ontario Medical Association, June 5, Dr. W. T. Aikins read a paper on the general management of the patient and sick-room in surgical cases. He emphasized the importance of attention to details that are apt to escape the observation of the surgeon who is not painstaking and methodical in his arrangements. A great deal of attention is paid by sanitarians to the disposal of feces and the closing of wells in thickly populated parts, while the exhalations from the kidneys, skin and lungs are comparatively neglected, though they are certainly not less important. In directing attention to the ventilation of the sick-room, he alluded to the fact that about 2,500 people die annually in Ontario of consumption, and thought that this number might be reduced by at least 1,000 by proper adjustment of ventilatory apparatus in schools and in sleeping-rooms, where at least one-third of our existence is spent. Dr. Aikins believes that a culpable disregard of these precautions has been the means of reducing the physical development and bodily vigor of the present generation of Canadians far below that of their ancestors who came from the old countries. If ventilation has such a baneful influence on those in health, how much more serious are its effects upon those who have undergone the shock of a severe operation, who are the subjects of exhausting discharges, or who have been debilitated by suffering. Hence the surgeon should not consider the appointments of the room unworthy of his notice. If possible to avoid it, the patient should never be required to inhale air which has previously passed through the lungs either of himself or of his attendants. Air which has been heated in the lungs of the patient ascends; therefore an escape for it near the top of the room should be provided.

In winter, open the window above to the extent of two or three inches, and also raise the lower sash according to the requirements of the room. The door should be shut. The air which enters through the lower openings should be filtered through a couple of layers of mosquito-netting, with a thin layer of cotton batting between them. This netting is tacked to a skeleton sash, which fits the lower opening in the window. The air thus filtered, not only of dust, but of many invisible germs, is directed towards the floor, so that it becomes warmed before it reaches the patient, and never creates a draught.

In summer, the windows are opened wider, and larger filters are used. If there is a stove-pipe opening into the chimney, the stopper is removed, and a lamp, to be kept burning constantly, is placed on a shelf a few inches below this opening. A constant current of the impure air of the upper strata of the apartment is thus caused to escape by way of the chimney.

The plans proposed by the speaker were adapted to the homes of the middle and poorer classes, among whom a large proportion of our patients is found.

The attention of the surgeon was also directed to the teeth of his patients. It is well to make it a routine practice to examine the teeth as well as the tongue, and where the grinders are absent to insist upon the wearing of a plate. In persons predisposed to cancer the habitual ingestion of imperfectly masticated hard food may irritate the stomach to such an extent as to cause a development of the disease.

The discussion was continued by Dr. Ruttan, of Napanee, who had long used a filter similar to that described by Dr. Aikins, but made of wire and filled in with oakum, to which any antiseptic that was thought necessary could be added. He generally trusted to the grate or stove to take out the impure air.

The room in which an operation is to take place should be prepared the day before, by having the wood-work and walls thoroughly scrubbed with a bichloride solution, and placing the sash with the antiseptic filter in the window, at least twelve hours before the operation.

Dr. William Britton, of Toronto, recommended that the patient's surroundings be as cheerful as possible. He related an interesting reminiscence of his own experience, when suffering from mumps in boyhood, to illustrate the evil effects of sombre surroundings and tearful friends.

He thought there was too great a tendency even in late days to restrict too narrowly the diet of invalids, though the days of water-gruel and other similar aliments (?) were happily past. The mortality in lying-in cases is certainly increased by too great restriction of diet, as is also the liability to milk-leg, septicæmia, erysipelas, etc. He quoted from Sir James Simpson some very convincing statistics, showing the intimate dependence of the mortality after amputations upon the facilities for the supply of fresh air. Hence he advocated the use of small wards in hospitals in preference to large ones, and of the cottage system as being the best way of giving patients an adequate supply of fresh air.

Dr. Skene, of Brooklyn, N. Y., considers foul air as infinitely worse than foul water. We must breathe air, but we need not necessarily drink water. In abdominal surgery he always tries to keep the air of the operating room as pure as possible by limiting the number of the spectators. Many surgeons make elaborate preparations in regard to the instruments, room, bedding, etc., and then allow the air to be contaminated during the operation by the exhalations of numerous onlookers. The method of filtering the air, as advocated by Dr. Aikins, has been in use for many years in the Children's Hospital in Albany, and with good results. The principle is also carried out in many of the best constituted Houses of Parliament in the world.

Dr. Oldright, Toronto, insisted that the air admitted to the patient should be of a suitable temperature, and in order to that end, recommended that the stove be placed between the patient and the window, and as near the latter as possible. He considered the Smead-Dowd System, by which the foul air is drawn off from the bottom of the room, the best.—*Canadian Practitioner,* June 17, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

MEDICAL INSPECTION OF SCHOOLS.

The medical inspection of schools is a subject which deserves more, and more methodical, attention in this country than it generally receives. In a way, most of the public, or free schools in the United States, are subject to the supervision of the health authorities; but few of them, we believe, have—as they ought to have—a regular medical inspector, acting in harmony with the teaching and governing corps, to secure the best possible sanitary conditions of the buildings and grounds, and the most healthy condition of the scholars.

In Germany the subject has of late received considerable attention, and Dr. von Gossler, the Prussian Minister of Education, has recently had laid before him certain proposals, the chief points of which are that the buildings and grounds around each school shall be periodically inspected by a school physician, who shall answer a printed list of questions in writing, and send it to the authority under which the school is placed. In order to ascertain the state of the pupils' health, each school is to be inspected by a physician soon after the beginning of each school year. Each child entering the school for the first time is to be examined, and any defects that he or she may have are to be ascertained. In order to secure the success of the medical examination and suggestions, the superintending authority is to inform the physician of what has already been done as regards the sanitary inspection, and the head master or head mistress as regards the examination of scholars.

Some of the details of these proposals we have not quoted, because they are peculiar to the conditions of government found in Germany. In the main, however, they might serve as a convenient outline for some plan, applicable in this country to the important matter under consideration.

We believe it would be of the greatest value to the rising generation if all schools and scholars—public and private—were submitted to careful inspection at relatively short intervals. The fitness of schools for scholars, and of scholars for schools, ought not to be left to the judgment of boards of directors or teachers alone, without medical counsel. Each school should have its medical inspector, to examine every part of the buildings and grounds—the rooms, the closets, the cellars—and the scholars individually and collectively. The systematic conduct of such examinations would, doubtless, do much to prevent the outbreak or spread of disease among the scholars, and, at times, discover cases in which the physical and mental development of individual scholars was being injured by methods of exercise or study which for most was only beneficial.

This subject is one worthy of the careful thought of physicians, who know how much room there is for improvement in the construction and regulation of schools, and who are in a position to advise educators in regard to a very important part of their very important work.

QUARANTINE.

At various times during the past two years the REPORTER has had occasion to refer to quarantine in connection with the subject of yellow fever, and has always expressed the opinion that it is a measure of doubtful value at best, and at worst one capable of doing great harm. This view is not peculiar to this Journal, but is held by many of the oldest students of public health and of epidemic diseases.

A recent pamphlet on yellow fever, by Dr. Le Hardy, of Savannah—to whose writings we have before alluded—calls attention anew to this matter, and demonstrates how futile have been the attempts made in this country to keep out yellow fever by quarantine. More than this, taken in connection with occurrences which have not yet had time to fade from the professional mind, it indicates that property and human lives have more than once been sacrificed to the notion that quarantine is a useful measure of protection against the invasion or spread of epidemics of diseases like yellow fever and cholera.

The futility of this measure has very recently been pointed out again in a report of the Quarantine Committee, appointed by the Royal College of Physicians, of England, April 17, 1889, to consider an inquiry on the subject of quarantine received from the Colonial Office. The members of the committee were Dr. Graham Balfour, Sir Joseph Fayrer, Dr. Cayley, and Dr. Seaton.

After fully considering the question submitted to the College by the Secretary of State for the Colonies as to the proper periods of detention for purposes of quarantine in yellow fever, cholera, and small-pox, and that contained in a despatch from the Governor of Barbadoes as to the incubation periods of those diseases, the Committee reported to the College that the incubation period of yellow fever and cholera is uncertain, and the Committee is of opinion that it is unwise to impose quarantine restrictions in the case of these diseases. The Committee is further strongly opposed to such restrictions generally, which it considers harmful and vexatious. In the case of small-pox, the Committee is of opinion that the incubation period of the disease does not usually exceed a fortnight, and that suitable precautions based on this knowledge are desirable.

These conclusions are of high authority, and deserve the careful consideration of all sanitarians.

A NEW ELIXIR OF LIFE.

Twice in the month of June, 1889, has Dr. Brown-Séquard made communications of a most extraordinary nature to the Société de Biologie of Paris. The statements he made, as the *British Medical Journal*, June 22, says, recall the wild imaginings of mediæval philosophers in search of an *elixir vitæ.* He obtained by compression and washing from the testicles of young animals a fluid which he injected into the subcutaneous cellular tissue with a hypodermic syringe. He performed the experiment on himself, repeating the injection almost every day for a fortnight, with results which appeared to him to warrant an immediate communication to the Society. He stated that he had experienced a rejuvenescence of all his forces, physical and psychic; all that had become difficult or impossible for him owing to advancing age became once more easy, and he found himself possessed of the same vigor as he had had thirty years before. He could undergo fatigue in standing, traveling, and in intellectual labor previously impossible; the functions of defecation and micturition also were discharged with greater ease. MM. Féré and Dumontpallier, in commenting on M. Brown-Séquard's statements, observed that they would have to be rigidly tested and fully confirmed by other self-experimenters before they were likely to meet with general acceptance.

This communication will strike all thinking men as it does the contemporary from which the above is quoted. The reserve of Dr. Brown-Séquard's colleagues are very politely and temperately expressed; but his statements are so remarkable that it is hard to see how they could be so patiently passed by.

And yet a community which could accept the style of argument adopted by Pasteur in regard to his antirabic inoculations is hardly the one to refuse a hearing to even so strange a proposition as the one of Brown-Séquard.

INTRA-UTERINE COMPRESSION OF THE AORTA IN POST-PARTUM HEMORRHAGE.

Among the measures suggested for controlling post-partum hemorrhage is a very striking one proposed by Dr. Hoyos, a Cuban physician, in the *Revista de Ciencias Medicas,* and quoted in the *Lancet,* June 22, 1889.

Dr. Hoyos was called to a case of alarming post-partum hemorrhage, in which, finding the patient *in extremis,* with the hemorrhage still continuing, and having nothing in the way of appliances with him, except a hypodermic syringe and some ergotine, he first proceeded to clear away the clots from the uterus. While his hand was in the cavity of the womb he was struck with the distinctness with which he felt the pulsations of the abdominal aorta, and determined to try, as a temporary measure at all events, to stop the bleeding by means of pressure, a method which he knew had been recommended and practised by Dr. Sejournet and other obstetricians. In order to effect this, he simply turned his hand so that he could feel the pulsating vessel between the ends of the fingers and the vertebral column. He then exerted firm pressure, and immediately the gush of blood, which, up to that time had been welling up round his hand, stopped. Keeping his right hand in the uterus, he contrived, with some little difficulty, to administer a hypodermic injection or two of ergotine with his left hand. After a few minutes he withdrew his hand; the midwife who was in attendance, keeping up the pressure externally. When the instruments, for which he had sent a messenger, arrived, he administered an intra-uterine injection of corrosive sublimate in a solution containing ten per cent. of spirit. Brandy was also given, and more ergot, both in the form of ergotine and in powder. The patient soon revived; and, though the hemorrhage showed a disposition to return a few hours later, it was controlled by means of intra-uterine irrigation and hypodermic injections of ergotine.

From the history of this case there can be little doubt that the intra-uterine compression of the aorta was of great service, and probably saved the life of the patient. It is not to be supposed, however, that this measure is necessary or applicable in all cases of post-partum hemorrhage, although it is a good one to know about, as, under circumstances similar to those of Dr. Hoyos's case prompt and decisive action is indispensable. At the same time, most obstetricians will probably think that the aorta can be compressed readily enough through the relaxed abdominal wall, immediately after delivery, and that this manner of doing it would be preferable, as a rule, to the more troublesome way of using the hand in the uterus for the purpose.

MEDICAL DUPES IN FRANCE.

Physicians in this country, who know the way in which attempts are sometimes made to entrap medical men into unforeseen responsibilities and liabilities, will be interested to find that such schemes are not the peculiar development of American sharpness. A medical journal of Paris has recently been defendant in a libel suit, brought by an insurance company whose methods it had exposed and denounced. The company had been in the habit of sending agents to medical practitioners, offering them the post of "medical inspector" for the districts in which they resided. These appointments were usually accepted. A few days afterwards the agent would return, bringing a paper to be signed by the newly appointed medical inspector, who was assured that it was "merely a matter of form." Usually nothing further was heard of the society, as there was nothing to inspect, until a considerable time had elapsed. The medical inspector then received a formal demand for an entrance fee and the first of a series of annual premiums, for which he had unintentionally made himself liable. The medical journal alluded to made inquiries in regard to the methods of the insurance company, and discovered that nearly all the practitioners in certain districts had been honored with appointments as medical inspectors. In one instance two gentlemen residing in the same house had accepted the post.

The Court held that the medical journal had not overstepped its rights, and gave judgment in its favor.

This is a case of interest to medical journalists, and to physicians in general. To the former, it is comfortably in keeping with a recent English decision, by which an author, whose book had been severely condemned in a critical review, was awarded one farthing damages. To the latter, it is interesting, as a warning against the blandishments of persons who attempt to play upon their credulity by means of offers of position or gain.

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—Dr. G. A. Gibson states in the *Edinburgh Med. Journal*, June, 1889, that, so far as his knowledge goes, Cheyne-Stokes respiration has not been observed as a consequence of the action of strychnine by any of the authors who have devoted attention to the subject.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (NEURASTHENIA), ETC. BY GEORGE M. BEARD, A.M., M.D., etc., edited, with notes and additions, by A. D. ROCKWELL, A.M., M.D., etc. 8vo, pp. 254. New York: E. B. Treat, 1889. Price, $2.25.

This is one of those poorly prepared books, of which the publisher has produced so many during the past few years that there is reason to fear the taste of the profession in this country is utterly depraved. Dr. Beard's book was first published in 1880, and then was a rather curious exposition of his views in regard to what he called neurasthenia. These views were of a rather extravagant character. But they were not without value, even if they were better calculated to prompt others to investigate certain curious mental and nervous phenomena than proofs of wise discrimination on the part of the author. At this date, however, the book is so much behind the scientific position of neurologists that its value is chiefly historical. The so-called additions and editing of Dr. Rockwell which are found in the volume before us are of so little worth and of such insignificant proportions that it is almost a fraud to attempt to pass the book off as a new edition. It is little more than a poor reprint, and would be very dear at the price asked for it.

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CORRESPONDENCE.

Mumps and Double Orchitis.

TO THE EDITOR.

Sir: Under the above heading I note a paragraph on page 712, volume lx of the REPORTER. Mumps and orchitis, as a complication, is not of uncommon occurrence in this section. I have on my minutes the following:

Case 1.—J., white, age 35; mumps right side; fifth day orchitis of right testicle. On subsidence the testicle was absorbed, leaving only the cord and a small ball one-half inch in diameter both ways. Had no children after this accident.

Case 2.—W. B., age 8; mumps right side; sixth day, orchitis of right testicle. On subsidence the testicle was not much reduced in size, but felt like a small bladder of fluid; no solid substance in it. Married since then, and has three boys.

Case 3.—B. W., age 15; mumps, left side; sixth day orchitis—both testicles involved. On subsidence they were normal, as to size and consistency; in fact unaltered. Married since, and has five children.

Case 4.—B. H. B., age 13; mumps, right side; orchitis, right testicle. On subsidence no change perceptible as compared with the left one. Married since, and has four children.

Case 5.—Miss L. H., age 14; mumps, left side; swelling of both breasts, with fever, also some pain and swelling in vulva, and in the ovaries. Married at 19, and has three children.

Case 6.—Mrs. M. H., age 31; mumps. Same symptoms as Case 5, but more ovarian pain, and vulva much swollen and very painful. Has five children.

Cases 7–9.—Three boys, aged 12, 11, and 13 years, respectively, with much the same symptoms as in Case 3. No bad results following.

In the last six cases I attended, I used strong camphor water, hot as could be borne, to the parts, also saline purgatives in small quantities.

It looks strange to me that, with so much swelling in the glands, there should, with a little care, be so little after-trouble.

The cases described above were noted in 20 years of practice.

Yours truly,
Ben. H. Brodnax, M.D.

Brodnax, La.,
June 21, 1889.

NOTES AND COMMENTS.

Water-Supply of Paris.

The Paris correspondent of the *Lancet*, writing in the issue for June 22, says that

A great danger to visitors to Paris is due to the insufficiency of the water-supply. Paris is in a most unfortunate position. It cannot be said that the water-supply is bad. On the contrary, at immense cost, Paris has secured one of the best water-supplies enjoyed in any town of Europe. According to the last report, Paris was receiving 121,000 cubic metres of the Vannes water, 21,000 cubic metres derived from the Dhuis, and 5,000 cubic metres from the St. Maur springs—in all, 147,000 cubic metres of pure and excellent spring water. This, however, is not enough. The daily consumption is estimated at 158,000 cubic metres. The deficiency is not very great; still it is enough to compromise the whole town; for when the store of good water is exhausted the Seine water is provided, and this through the same channels and without warning. Thus, though a person may, as a rule, drink wholesome water, he will receive for a week or so during the course of the year water taken from the Seine, which is very likely to be contaminated. Again, a person may drink a glass of water in one quarter of Paris which is perfectly pure, while in another district he may, on the same day, get water that is certainly not free from the occasional presence of injurious organic matter. At the present moment, the supply of spring water having reached a low ebb, the Seine water is turned on in four arrondissements. For twenty days these unfortunate districts are to receive only the Seine water; then three other arrondissements are to be served in the same way.

In the pavilion of the Prefecture of the Seine, situated in the central court or garden of the Exhibition, will be seen three glass tanks of water side by side. One receives the water of the Ourcq canal, another of the Seine, and the third of the Vannes. The first two are more or less opaque, are of a green-yellowish tint, and vary more or less in aspect from day to day. But that which contains the water of the Vannes is always perfectly transparent and never changes. Members of the Municipal Council have urged, so far in vain, that the water-supply should be increased. There are numerous projects, and recently a resolution was passed by the Council calling upon the Legislative Chambers to discuss at once the scheme for bringing the waters of the Avre to Paris.

That the Seine water may be dangerous will be obvious to all who are acquainted with the neighborhood of Paris. The intake for the supply is of course outside the town, and some little distance up the stream, but it is unpleasantly near the large manufactories of *poudrette*, or human guano. Also there are boats containing tanks which are filled with the contents of cesspools, and the manure is thus conveyed up the river to the works. A few years ago some scavengers, in their impatience to finish their day's toil, instead of conveying all the soil the barges contained to the works, simply threw a considerable portion over into the river. Fortunately this was discovered, and now there is a service of inspection organized both day and night, and careful watch is kept that these tank barges should not again contaminate the water. But there are other causes of pollution, and it is an undeniable fact that many outbreaks of typhoid fever in Paris have occurred about a fortnight after the substitution of Seine water for the usual and pure supply of water from the Vannes or the Dhuis. The question of water-supply is a very serious problem which the French authorities should lose no time in settling.—*Lancet*, June 22, 1889.

Medical Relief for Seamen.

Among the contracts and arrangements made by the Marine Hospital Service for the care of sick and disabled seamen during the year beginning July 1, are the following:

For Philadelphia. Medical attendance to be furnished by a medical officer of the Marine Hospital Service; the German Hospital to furnish quarters, subsistence, nursing, medicines, and a resident physician, at 75 cents per day, and to provide for the burial of deceased white patients, at $10 each; colored patients, at $15 each. Transportation from the Marine Hospital office to the hospital to be furnished by the hospital authorities when required. Care and treatment of contagious cases to be furnished by the Philadelphia Board of Health, at $1 per day, and to provide for the burial of such deceased patients, at $5 each.

For Pittsburgh. Medical attendance to be furnished by a medical officer of the Marine Hospital Service; out-patients to be treated at No. 96 Wood street; the Mercy Hospital to furnish quarters, subsistence, nursing, and medicines at 94 cents per day; J. J. Giltinan to provide for the burial of deceased patients at $13 each. Care and treatment of small-pox, yellow fever or cholera patients to be furnished by the Pittsburgh Board of Health at $2 per day.

For Erie. Medical attendance to be furnished by an acting assistant surgeon; Hamot Hospital Association to furnish quarters, subsistence, and nursing, at 71 cents per day. Patients requiring long-continued hospital treatment will be furnished transportation to the United States Marine Hospital at Detroit, Mich.

For Wilmington, Del. Willard Springer, M. D., to furnish quarters, subsistence, nursing, medical attendance, and medicine at $1 per day.

For Tuckerton, N. J. Medical attendance to be furnished by an acting assistant surgeon; Mary A. Gifford to furnish quarters, subsistence, and nursing at $1 per day.

For Crisfield, Md. Medical attendance to be furnished by an acting assistant surgeon; Stewart Handy to furnish quarters, subsistence, and nursing at 55 cents per day. Patients requiring long-continued hospital treatment will be furnished transportation to Baltimore, Md.

Creasote Emulsion.

Dr. Charles Éloy gives the following formula in the *Gazette Hebdomadaire*, May 10, 1889:

Oil of sweet almonds	f℥v
Beechwood creasote	f℥ii
Mix, and add:	
Gum arabic	℥iii ʒv
Mint water	f℥xvi

M. Give from two to five soup-spoonfuls a day.

Antiseptic Mouth Wash.

Galippe and Malasez give, in *Nouveaux Remedes* No. 55, the following formula for an antiseptic mouth wash which has been found satisfactory by them:

Alcohol	parts	370
Carbolic acid	“	10
Thymol	“	5
Oil of peppermint	“	15
Tincture of anise	“	100

This mixture, which may be colored with some tincture of cochineal, should be employed morning and evening, and the mouth rinsed out at the same time with a weak solution of boric acid.

Diagnosis of Cervico-brachial Neuralgia.

Dr. Daniel R. Brower, speaks as follows of the differential diagnosis of cervico-brachial neuralgia, in a communication to the *Western Med. Reporter*, May, 1889:

Cervico-brachial neuralgia requires special care in its diagnosis, since the arm may be the seat of other painful affections, such as muscular and articular rheumatism, diseases of the bone, etc. Differentiation here is aided by the *puncta dolorosa*. These are the axillary, corresponding to the brachial plexus; the scapular, near the inferior angle of the scapula; the acromial, in the angle between this process and the clavicle; the median cephalic, in the bend of the elbow; the ulnar, corresponding to the most superficial portion of the ulnar nerve at the back of the elbow joint; and the radial, at the point where the radial nerve becomes superficial. These *puncta dolorosa* are absent in the affections for which the neuralgia may be mistaken.

Menthol in Hay Fever.

In a letter to the *Lancet*, June 22, Mr. William Hill of London says: "Dr. De Havilland Hall, in his summary of the treatment now generally adopted in hay fever, has deprecated the continued use of cocaine. It has happened in my practice, and probably in that of others, that one has been called upon to advise and treat a patient who had already acquired the cocaine habit in seeking relief from coryza vasomotoria, and the question naturally has arisen, Cannot the patient be induced to give up cocaine on our promising him an efficient and unobjectionable substitute? I think we possess in menthol an antiseptic remedy sufficiently resembling cocaine in its anæsthetic and astringent properties, and having none of its disadvantages. A Cornish patient of mine, who has been prevented coming for a reapplication of the galvano-cautery, which has hitherto relieved only for a season, has recently written to me to say that he would not be without menthol for worlds, and that he much prefers it to cocaine. I have no doubt others have had similar successes with a 10 or 20 per cent. of menthol, dissolved in almond or olive oil, and applied to the sensitive area of the nasal mucosa either by means of a brush or coarse spray."

The American Surgical Association.

The annual meeting of the American Surgical Association was held in the new Army Medical Museum at Washington, on May 14 and two following days. The President, Dr. D. W. Cheever, of Boston, gave a very cheering address, in which he took a most optimistic view of the future of surgery. The view has too often been taken that surgery has nearly reached finality. Fifteen years or more ago we recollect a very eminent London surgeon, in an address at the opening of a winter session, taking this for his text, yet at that time antiseptics were only beginning to come into general use, abdominal section was only performed by a few specialists, the thorax was seldom explored, and few yet dreamt that tumors and other diseases of the brain were susceptible of treatment by the knife. Surgery has now outstripped anatomy and physiology, and Dr. Cheever was fully justified in saying that what we now want is, not greater boldness in surgeons, but more accurate and practical anatomy and more precise physiology. He specially indicated the anatomy of the fasciæ and the relations of the abdominal viscera, and the physiology of the intestines and pancreas, and of the spleen and other ductless glands. Among the papers read, perhaps the most striking, were one by Dr. L. McLane Tiffany, of Baltimore, recommending free division of the capsule of the kidney for intractable nephralgia, and an elaborate paper by Dr. J. M. Barton, of Philadelphia, on digital divulsion of the pylorus for cicatricial stenosis (Loreta's operation). The author contributed a successful case in his own practice, and presented a table containing twenty-five cases collected from various sources. These cases showed a mortality of 40 per cent. (ten deaths), but the rate appeared to be decreasing, for, of the first twelve cases, six recovered and six died; while of the following thirteen, nine recovered and four died.—*British Medical Journal*, June 22, 1889.

Reported Death from Hydrophobia.

A man named Jack Snyder is said to have died of hydrophobia on the public highway near Danville, Illinois, July 1. He and his family set out in a covered wagon from Lehigh county, Pa., for Missouri. Shortly afterwards Snyder was bitten by a stray dog. At Danville his condition was so serious that the family came to a halt. They were in destitute circumstances, and the body was buried in the potter's field.

Infantile Convulsions.

Mr. H. Valentine Knaggs, of London, advises the use of sulphide of calcium, in small and repeated doses, as a remedy for infantile convulsions and other nervous diseases. He has observed the best results in convulsions from dentition, falls on the head, meningitis, and acute tuberculosis. For infants under six months of age, Dr. Ringer's prescription is recommended. It is prepared by dissolving a grain of sulphide of calcium in a half a pint of water, of which a teaspoonful is given hourly, the dose being cautiously increased if need be. Dr. Knaggs has found it advantageous to combine this treatment with the administration of antipyrine.

NEWS.

—Professor von Zehender, the well-known ophthalmologist of Rostock, celebrated his seventieth birthday on May 21.

—Dr. S. Weir Mitchell will take his accustomed ocean voyage this summer and, it is said, while in England will visit Sir Morrell Mackenzie.

—A petition has been addressed to the Municipal Council of Paris, praying for the substitution of electricity for the guillotine in the execution of capital sentences.

—The medical board of pension examiners in Dubuque, Ia., now consists of Drs. M. H. Waples, J. S. Lewis, and Geo. A. Staples. The latter was appointed to succeed Dr. M. E. Connelly.

—The semi-annual meeting of the medical society of Fulton County, New York, was held at Gloversville, Tuesday, June 18. "Modern treatment of Wounds" was the subject of a paper read by Dr. F. Drury of Broadalbin. Dr. W. C. Wood read a paper on "Lazy Therapeutics." Miss M. Helen Cullings was admitted to membership.

—The family of Dr. Chas. F. E. Ritter, of New York City, who was found dead in bed, on June 20, discredit the rumor that he committed suicide. The doctor had suffered with heart disease for some time. He attended the dinner at the opening of the Brooklyn Throat Hospital, Wednesday night, and it is thought that the unusual excitement brought on an attack of his ailment. Coroner Lindsay thinks that death was due to natural causes.

—The Philadelphia *Ledger* states that the Indian Government's endeavor to promote the study of medicine by women is said to be proving most successful. At the last examination of students in Calcutta women carried off numerous prizes and honors. A native girl, Rajni Mitter, ranked highest in the first M. B. examination, and carried off two prizes; Misses Sykes, Dissent, and Pereira obtained certificates of honor in surgery; Miss Woods a special certificate of honor in anatomy; Miss Mitchell secured the Viceroy's medal, a certificate of honor in ophthalmic medicine, and numerous prizes; Miss Muller took a gold medal in *materia medica* against all competitors, and a special certificate in anatomy; Miss Smyth won a gold medal in dentistry, and Miss Fox a certificate of honor in anatomy.

HUMOR.

AGENT (to traveller)—"Have you a policy in case of accident?"

Traveller—"Yes, sir. My policy would be to go halves with a smart lawyer and sue the company for $50,000."—*Tid Bits.*

A LADY WHO NEVER FAILED to have her little jest with the doctor all through a painful illness, exclaimed one day when he was announced:

"Tell him I'm sorry, but I don't feel well enough to see him to-day!"

A CONSULTING ROOM ECHO.—"Your wife is in a very critical condition, and I think some specialist should be called in for consultation in the case."

"There now, doctor, I was right again. I told my wife long ago she ought to get proper medical treatment, but she thought you might be offended."

"SAM, how is Tallier getting along now?" "Oh, so. He's putting on too much style now to please me." "How is that?" "Well, he's got a mild attack of dyspepsia and he calls it 'Bright's disease'—tryin' to make it appear as if he is a distinguished person. It makes me sick to see a fellow puttin' on so much style."

THERE IS A MILKMAN at Brixton who has a ready wit that a lawyer might envy. One of his customers caught him watering his milk at a horse-trough the other day. "What!" said the customer, in a rage, "isn't it enough that your milk is full of typhoid without your going and watering it?" The milkman turned round, and, smiling compassionately, said to two or three bystanders: "What can you do with a man like this? He actually wants his typhoid straight."

A MAN READING A NEWSPAPER in a car on the elevated road was observed to chuckle vociferously. Another man sitting alongside of him remarked: "You seem to be very much amused!" "You bet I am amused; I expect to rake in several thousand dollars." "Rich relative dead and left you money?" "Better than that. I have just read that the board of health is going to tear up the streets in my ward and lay new sewer pipes. That means typhoid fever, and I am an undertaker. I tell you, my dear sir, I don't know what we poor undertakers would do for a living if it wasn't for that board of health."—*Drug Circular.*

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COMMUNICATIONS.

MILK FOR INFANTS IN SUMMER.

BY JOHN M. KEATING, M. D.,
PHILADELPHIA.

At this time of year the question is so frequently asked me: "What would you advise me to feed my baby on for the summer?" that I think it timely to make a few remarks upon my present views upon this subject. So much attention has been called by able writers to the question of infant diet, that I do not propose here to enter into the subject at all, nor indeed have I anything to say, except what I have already written. It is easy enough to bring a baby up on a bottle to-day, where the circumstances of the family are such that we can order what we please; but the most difficult thing is to reach that class of humanity whose ignorance, carelessness, and poor financial circumstances render them absolutely unfit to care for the children with which they have been blessed! As I have recently remarked, in the discussion upon the subject of the care of children before the Physical Culture Society of this city, the only animal that I know of that is not endowed by nature with instinctive knowledge how to care for its offspring seems to be the human mother. To this class of cases we should certainly turn our attention, and endeavor, if possible, to cause a general interest to be taken by the public, that will train these mothers to understand the value of caring for their infants, and to place the means at their disposal for so doing. This latter is as important as the former.

It must be borne in mind that people of the class of which I am now writing do not read all the excellent articles that have been written on infant feeding and the care of children, and on that account they remain, notwithstanding the advances in the preparation of a child's diet, as ignorant as they have been for years back.

We have learned one thing which is of the greatest importance to us—that is, that it is not the intense heat of summer alone that is productive of what is known as cholera infantum, or summer complaint, in its various forms; but that these intestinal diseases, whether simple catarrh or an evidence of profound blood-poisoning, are caused by the character of the food, and are principally due to the putrefaction of milk, through the agency of germs that enter it from without; and that even should the milk be absolutely pure, the admixture of dirty water—water containing the germs of disease—will be productive of most serious consequences.

It is absolutely impossible for us to expect that the poor in our alleys should be supplied, especially during the summer time, with pure milk. Indeed, this is particularly the case when there is no law to prevent dilution with dirty water or adulteration with poisonous and irritating compounds. If it is impossible to supply the poor of our city with absolutely pure, unadulterated milk, or to give them refrigerators that will keep the milk that they get in the morning for the child to use during the day and in the evening—for we presume that they can get the milk but once a day—all our writing, and urging and teaching, that pure fresh milk is the only thing to feed a child on goes for naught, if they cannot get it.

Now, what is the practical way to get out of this difficulty? First, make such stringent laws as will permit only the sale of pure milk. Second, devise some simple means by which any milk that happens to be tainted can be rendered harmless, and some means by which milk can be preserved for a few hours until it is used. Now this latter is accomplished absolutely by boiling or steaming.

If then we would all urge the poor with whom we come in contact to *boil* all the milk that they obtain from their milkman in the morning, place it at once in pint bottles tightly corked, and then open each bottle as it is required, we would, in a great measure, diminish the death rate from cholera infantum. But if we could supply the families with sterilized milk for their children at as cheap a rate as they can buy milk from the milk-wagon which is standing at the corner of their alley, ladled out to them well mixed with the effluvia from an open sewer, poured into a dirty pitcher, and previously diluted with dirty water, certainly kept a whole night before it is brought to the city, and then churned by jogging over the city pavements—if we could supply sterilized milk at the same cost as this disease-breeding article, we would accomplish a still greater service.

I would suggest then that some of our large and very popular city dairies should sterilize, by steaming, a large quantity of their ordinary milk daily, should bottle it in six or eight-ounce nursery bottles, and tightly cork and sell these to the mothers in their neighborhood, at, say five cents a quart—which is the usual price that they pay for ordinary skimmed milk—the bottles to be returned when emptied.

It seems to me that, if this could be done all over the city, we would have a practical way of meeting this hitherto difficult problem of summer infant mortality. My firm belief is that, for the poor, sterilizing milk which is not too rich, and adding a small percentage of salt to it, we will get the very best form of food. The more I practice among children, the more I believe that we are using entirely too much cream in babies' food, and my own impression is to-day that it would be far better to feed a child on milk which has been *once* skimmed, and then, if we find it desirable to add oil to its food, to give a well-made emulsion of cod-liver oil.

As regards the sterilizing of milk for those in a better stage of society, a number of excellent sterilizing cans are now in the market. Of course each one is something different from the others, but upon the whole they are based on the same reasoning and I look upon their introduction into the nursery as a great step in advance. A few ideas of my own in this connection have been carried out by Mr. Laubach, and a sterilizer that he has had made, I think contains, in some respects, a few improvements over others that I have seen. First of all, there is a lamp attachment which enables the food to be made in the nursery, and is convenient for traveling. Secondly, it abolishes corks altogether, and absorbent cotton is used for this purpose.

I have also availed myself of the application of a little invention of Dr. Rhodes of this city. This invention consists in a spring which clasps the neck of the bottle and is intended to be attached to a cork. By its use the cork can be lifted up and will immediately spring back to its position in the bottle when the spring is relaxed. The invention is such a useful one, that I have no doubt it will be adopted for many purposes. I find that it acts admirably in keeping a pledget of cotton upon the mouth of the bottle and, if the cotton is placed there while the steaming process is going on, it will act as well as a cork and be very much cleaner and easier to manage.

A CASE OF HYSTERECTOMY.[1]

BY ANDREW J. DOWNES, A. M., M. D.,
PATHOLOGIST AND OUTDOOR SURGEON TO THE ST. AGNES HOSPITAL.

On May 15, 1889, at her second visit, I obtained from Miss K. H., forty years old, the following history: About four years previous she first noticed a swelling in the right ovarian region, which gradually increased until a large body occupied the lower abdomen. The rate of growth had rapidly increased within six months, accompanied by a decrease in bodily strength and appearance. The increasing size of the tumor was now interfering with respiration; she was emaciating and hardly able to attend to her usual duties. For the last two years, at intervals corresponding with her menstrual periods—before or after—she had very severe vomiting spells, with headache and colicky pains. About a year before she noticed any swelling she had a uterine hemorrhage following a strain in the right side from lifting.

A physical examination revealed a growth, somewhat globular in shape, nearly as large as her head. It was quite movable. To touch it seemed solid; however, there was some resiliency. By an examination *per vaginam* the os uteri was felt high up in the pelvis, while above and a continuation of it could be felt the under surface of the growth, filling in, as it were, the pelvic inlet. A diagnosis of myoma of the uterus was made, and hysterectomy advised. In the next two weeks the growth rapidly increased, and distinct evidence of fluid developed.

On May 29 she was sent to a private room in St. Joseph's Hospital. The following forty-eight hours she was prepared for the operation by the usual attention to her bowels, by baths, cleansing of abdomen, etc.

June 1, at noon, Dr. J. W. West giving ether, and assisted by Dr. J. M. Fisher, I operated. A large median incision was made, the peritoneum incised, the cavity explored, and no adhesions found. Then carefully enlarging the wound above and below, I delivered the tumor. The upper extremity was the fundus uteri enlarged, but otherwise had the ordinary appearance of a large fundus. The right ovary was diseased, as the specimen shows. From the left cornua and from the greater part of the lateral margin the broad ligament filled with enlarged tortuous veins spread out like a wing. The left ovary was apparently healthy and turgid. Her menses had begun on that morning.

The morbid tissue was seen to spring entirely from the anterior uterine wall. It was, as the specimen shows, originally intramural; but, owing to excessive growth, the greater part of the outer envelope of muscular fibre had been displaced. The posterior surface was the corresponding wall of the uterus. In the morbid tissue were a few bulging cysts. I incised one from which serous fluid escaped. Exploring with a finger, and finding it non-vascular, I turned the tumor aside to prevent entrance of fluid into the abdomen, and incised freely. Inserting my hand I broke up innumerable small cysts deep in the growth, thus lessening very materially the diameter where I subsequently applied the elastic ligature, and thus also insured against the escape of the contents of the cysts into abdominal cavity when I sliced above the ligature. The tube and ovary of the right side were easily freed. The left broad ligament, tube, and veins were tied close to the cornua, and again on the uterine side of the ovary, and severed between. The mass was thus ready for ligature. There was complete obliteration of the utero-vesical fold of the peritoneum, which was reflected from the surface of the growth directly behind the upper margin of the symphysis.

The bladder could not be seen. I had sounded it before the operation and knew it to be short. A rubber-tubing ligature was now applied, care being taken to hug the anterior surface of the tumor to escape the bladder. The tumor was now sliced off. Tait's modification of Kœberle's *serre-nœud* was applied, and the rubber ligature removed; I now tightened further the wire and a bag appeared above it on the anterior surface of the stump. It looked as if I had included the bladder. I asked a doctor present to place a sound in the bladder. I found its point against the posterior cul-de-sac. I could say nothing, but determined to loosen the wire. So reapplying an elastic ligature I removed the *nœud*, in doing which the wire broke. In applying the *nœud* the second time the wire cut through the peritoneum, where it was reflected to the symphysis and descended on the raw anterior surface of the growth some little distance. The bladder-like appearance did not recur. I afterward concluded that in the first application of the *nœud* one or more small cysts had ruptured, and as the wire tightened the fluid escaped above it, producing the bladder. The resemblance was enhanced by the peritoneal covering and the location. Had the one I asked to sound the bladder succeeded in doing so I might have saved this time.

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[1] Read at the meeting of the Philadelphia County Medical Society, June 26, 1889.

There was considerable bleeding from the remains of the left broad ligament, which still contained the ovary. I clamped, tied beyond and removed. There was some oozing from the lower (uterine) attachment of the right broad ligament which had been torn by the wire. I stitched the torn edges to the stump. The base of the stump had a diameter of at least three inches; I sliced it off and hollowed it out quite close to the wire, and then, by means of buried stitches, whipped it into a fairly small stump without closing the peritoneum over it. I now attached the parietal peritoneum to that of the stump, closed the abdominal wound, and introduced a drainage tube. At the close of the operation the patient was in deep shock; on this account in flushing the abdomen I used water quite hot, hotter than I otherwise would have done. The benefit was apparent at the time. Owing to the distention of the abdomen, which was present, I allowed the stump to drop, its upper surface just appearing in the lower opening in the wound. In three hours reaction was good, and the abdomen flat. I then lifted the stump, and applied a pin to hold it well up in the wound.

For the first three days her vomiting was very distressing. It seemed like a return of one of her old periodical attacks. The fact that her menstrual flow occurred the day of operation makes this a feasible explanation. However, she had been badly frightened for a few days before the operation, noticeably so for the preceding forty-eight hours, owing to some very injudicious and officious, if not worse, advisors. May not this have been a causative element?

For the first four days the stump seemed to mummify. On the fifth day suppuration occurred at its periphery, and came from the peritoneum. The temperature, the maximum point of which until then had been 100⅕°, rose to 101°, and continued at that point until the eighth day, when I cut away all remaining stump close down to the wire. The temperature dropped to 100°, and on the ninth day I trimmed away what little remained above the wire, and removed my *nœud*, leaving a cavity clean on all sides except the right, where there remained some redundant sloughing peritoneum. A finger in the cavity and another *per vaginam* on the os approached to within three-fourths of an inch as far as I could judge.

On the second day, owing to straining, there occurred a slight protrusion of omentum above the drainage tube, which afterward settled into the upper margin of the stump cavity. It renders union there a little weak.

I uncovered the abdominal incision on the eighth day and removed the stitches. The following day I applied adhesive strips.

On the thirteenth night, while suffering from temporary mania, due to iodoform which I had dusted into the cavity that evening, the patient removed the dressings and adhesive strips, causing a slight separation of the wound in the umbilical region, which has since, however, granulated and contracted nicely.

The day following the operation a slight patch of herpes appeared on the anterior surface of the right thigh. It rapidly increased until in a few days nearly the whole anterior and outer aspect of the thigh was covered with a thick herpetic eruption. A similar patch, as large as a hand, occurred on the right sacro-lumbar region. It was painful and troublesome until the sixteenth day, when it began to fade. My explanation is that it was a reflex trophic neuritis, owing to pressure from the wire on uterine nerves, the irritation being reflected to the trunks of origin, and out to the end filaments of cutaneous branches from the same trunks.

To-day is the twenty-sixth since the operation. The patient has a normal pulse and temperature, eats and sleeps well, and is happy. The stump hole is practically healed, a space half an inch in length, the depth only of the abdominal wall, remains to fill. The abdominal wound was a long one; the fear of testing it too soon confines her to bed, although she can sit up.

In conclusion, I would call attention to the early removal of the *nœud* and stump.

The explanation of this is found in the character of the tissue and the manner of its growth. Microscopical examination shows it to be a fibromyoma with beginning cystic changes. The growth originally started in the anterior wall near the cervix, a little to the right. As it grew it displaced nearly the whole anterior wall of the uterus, and caused a separation of the fundus from the cervix by elongating and thinning the intervening uterine fibre, both of the posterior and the remaining anterior wall. In the application of the *nœud* the wire on tightening sought the cervix because of the wedge-shaped condition of the growth here and its elastic nature; hence, as I left the wire in position it had slipped to the apex point of the growth, and included hardly more than the uterine fibre at the internal os. The tissue in the wire was not thicker than my thumb I am sure. On removing the *nœud* the ninth day, and I had tightened but little more than originally, the wire showed that the stump in its grasp was exactly one-half inch in diameter.

PROBABLE ABSENCE OF THE INTERNAL ORGANS OF GENERATION IN A WOMAN.

BY STANLEY M. WARD, M.D.,
SCRANTON, PA.

My reasons for not making a more positive diagnosis in the case about to be considered is the fact that so many errors have been committed under like circumstances. We have the authority of Müller for saying that "the absence of rudiments of the womb, at all events, is extremely rare in viable individuals and adults;" while, in speaking of the difficulties of the diagnosis, he says: "even a *post-mortem* examination is not above cavil." So far as total absence of the ovaries is concerned, and the difficulty of recognizing that condition absolutely, Olshausen says: "The diagnosis of absence of the ovaries or supernumerary ovaries, can hardly ever be made with certainty in the living subject, except during the performance of a laparotomy; amenorrhœa, rudimentary development of the other genitals, and the results of exploration may justify a probable diagnosis."

Miss B., 22 years old, consulted me some weeks ago for amenorrhœa. She was healthy in appearance, complexion dark, eyes and hair brown—*tout ensemble* purely feminine, no traces of masculinity in figure, voice, or manner. In fact, she would attract attention on account of her personal charms. She had made an engagement of marriage some months before, and not being satisfied with her physical condition, though assured by her mother that affairs would settle themselves after marriage, had clandestinely sought medical advice. She had never menstruated nor had any hemorrhage that might be construed as that function performed vicariously; neither had she ever had any symptoms that could by any possibility have been moliminal. Closest questioning on this point availed nothing, and she was too intelligent and too anxious for relief to have deceived me. What I did find out was, that until the present she had always congratulated herself on being spared the pain, trouble and annoyance to which she knew her female friends were periodically subjected. External examination: mammary glands well developed and normal in appearance; hair plentiful in axillæ and on pubes; no enlargement of the abdomen, as in cases of retained menstrual blood; no trace of a uterus or ovaries by palpation; to sight and touch the external genitals were well developed and normal. There was no hymen, and no remains of one. The labia were perfect and well formed, but on separating them no trace of a vagina was found. Instead there was a *cul-de-sac*, corresponding in depth to the thickness of the labia. By accident the clitoris was touched during the examination, the patient thereupon showing some signs of excitement. Nothing was learned by the introduction of the finger into the rectum, or by bi-manual examination, *i. e.*, neither uterus nor ovaries was detected. Time was not given for anæsthesia to be induced, and for this reason no attempt was made to detect, through the rectal walls, a sound or catheter previously introduced into the bladder—a test I have seen recommended. My intention was to try this at her next visit, but I have unfortunately lost sight of her.

It is not very likely that her exact anatomical condition will ever be known. If, as was formerly almost universally held, the ovular theory of menstruation be the correct one, it is difficult to see any escape from the belief that this patient has no ovaries; for, not only is there no menstrual flow, but even molimina are entirely lacking. This fact is, however, of value or not according to the confidence one has in the ovulation theory. Müller, with German conservatism, remarks, "We do, in fact, know that molimina point to functionating ovaries and ripening Graafian follicles; but whether their absence entitles us to assume the existence of an ovarian defect, our present knowledge will not enable us to decide."

417 Adams Avenue.

CASE OF SPONTANEOUS VERSION.

BY T. W. EVANS, M. D.,
RICHMONDALE, OHIO.

The following case, while not unique, yet is one of a kind very seldom met with, and it may be interesting to some of the readers of the MEDICAL AND SURGICAL REPORTER.

Sunday morning, June 16, at 2 A. M., I was summoned to see Mrs. D. I was met at the door of her residence by the nurse, who told me that Mrs. D. had been taken sick at 3 P. M. the previous day. While sitting quietly the membranes ruptured, and quite a large amount of water passed off. She had had no pains then, nor any up to the time of my visit. The nurse said also that the hand was protruding from the vagina. Upon examination the nurse's statement was verified. I found the presentation to be dorso-posterior of right arm. I at once proceeded to perform version. After I had entered the uterus, I was surprised to find how easily I could move the child. I then thought I would try to return the arm into the uterus, and was surprised at the facility and ease with which I accomplished this. The head at once came down. In the course of an hour I made an examination, and found the head in the third position. There were no pains, and I waited another hour or so, and still no pains. Having other patients that demanded my attention I had to leave, instructing the nurse to send for me as soon as pains came on. In the course of an hour more a messenger came, and said my services were needed at once. Upon entering the chamber, I found the pains strong and expulsive. On examination I was surprised to find I had a breech-presentation to deal with, which terminated favorably. The peculiarity of the case is the ease with which the arm was returned, and the spontaneous version from a cephalic to a breech-presentation.

SOCIETY REPORTS.

AMERICAN MEDICAL ASSOCIATION.

Fortieth Annual Meeting, at Newport, R. I., June 25 to 28, 1889.

(Continued from page 72.)

Third Day, June 27.

In the Section on Practice of Medicine, Materia Medica, and Physiology, DR. VICTOR C. VAUGHAN, of Ann Arbor, Mich., read a paper on the

Etiology and Pathology of Typhoid Fever,

in which he took the ground that the disease is due to a mixed infection—to Eberth's bacillus and to ptomaines generated by it.

DR. JAMES C. WILSON, of Philadelphia, read a paper on the

Prophylaxis of Tuberculosis,

in which he expressed his belief that tuberculosis is hereditary, contagious, and preventable. As the avenues of infection are by the respiratory and digestive tracts, rigid inspection of food and of air will do much good in the way of prophylaxis.

DR. SOLOMON SOLIS-COHEN read a paper on

Food in the Treatment of Pulmonary Consumption,

in which the author took the ground that consumption is a disease of nutrition. It should be treated by systematic over-feeding, using the stomach-tube if necessary, and by an open-air life and the inhalation of compressed air.

In the Section on Obstetrics and Diseases of Women, DR. WILLIAM H. TAYLOR, of Cincinnati, read a paper on

Pregnancy as a Complication of Tumor of the Ovary,

in which he reported a case in which pregnancy occurred in a woman who had a tumor of the ovary. The woman refused treatment and died.

DR. THEOPHILUS PARVIN read a paper on

Casuistry in Obstetrics,

in which he referred to several of the questions in obstetrics concerning which the proper course to pursue is difficult to determine.

Dr. William H. Parish, of Philadelphia, read a paper on

Pelvic Abscess in Women.

The author divided pelvic abscess into areolar, intratubal, and ovarian. The abscess should be operated on early in every variety that is curable. Early surgical interference with the knife should be the rule in all varieties of pelvic cellulitis.

Dr. A. Reeves Jackson, of Chicago, read a paper on

Injuries of the Bladder during Laparotomy,

in which he gave details, more or less complete, of sixty-seven cases. When it is known at the time of operation that the bladder has been cut or torn, Dr. Jackson recommends that the opening should be at once closed with a continuous suture of catgut or fine silk, applied so as to invert the edges of the wound and bring together the serous surfaces. A permanent catheter should be used during the first two days. After the expiration of that time, its constant use is usually unnecessary; and, if the wound is small—less than an inch in length—the instrument may be subsequently dispensed with. If, however, the wound is large—exceeding two or three inches—the bladder should be artificially emptied during three or four additional days. In all cases the catheter should be used as long as the urine contains blood.

In the cases in which urine appears through the abdominal wound subsequently to the operation, at a time and under circumstances which may make it dangerous or inexpedient to reach the seat of the injury of the bladder, the catheter ought to be used, either continuously or at short intervals, for the purpose of lessening the amount of urine which escapes through the fistula, and thus aiding in the closure of the latter. If, however, the fistulous opening shows no disposition to close after two or three months, the edges should be freshened to the depth of half an inch or more, and stitched together.

In exceptional instances it may be expedient to affix the wounded edges of the bladder within those of the abdominal incision, in the manner detailed by Thomas and others; but as this plan must interfere to some extent with the subsequent contractility of the bladder, it is not to be commended as a usual practice. The suturing and "dropping" of the vesical wound is the better method.

Dr. Augustus P. Clark, of Cambridge, Mass., read a paper on

Chronic Cystitis in Women,

in which he said that the symptoms of cystitis are often due to causes more or less remote from the bladder. Dilatation of the urethra will be followed by the best results in cases in which tenesmus is an important symptom, and in which the parts around have been contracted and hypertrophied.

In the Section on Surgery and Anatomy, Dr. T. S. K. Morton, of Philadelphia, read a paper on

Abdominal Section for Traumatism,

in which he maintained that, under fair surroundings, in every case in which penetration can be proved, the abdomen should be opened and its cavity examined.

Dr. Joseph Price, of Philadelphia, read a paper on

Pelvic Surgery by Abdominal Section,

in which he argued against the use of chemical disinfectants and for cleanliness, water, and good surgery as the best of all antiseptics.

Dr. J. M. Baldy, of Philadelphia, read a paper on the

Treatment of Peritonitis,

in which he stated his opinion that in the vast majority of cases there is a distinct lesion as the exciting cause of the inflammation; consequently the treatment should be by operation. The necessary accompaniments of operation are free irrigation and drainage.

Dr. N. B. Carson, of St. Louis, read a paper on a

Case of Chylous Cyst of the Mesentery,

in which operation was followed by complete recovery.

Dr. Thomas H. Manley, of New York, made a report upon a rare case of

Fracture of an Exostosis of the Pubic Bone.

The patient died of pyæmia on the fifteenth day, and a *post-mortem* examination showed that there had been congenital duplication of the pubic bone.

In the Section on Diseases of Children, Dr. S. P. Deahofe, of Potsdam, Ohio, read a paper on

Anterior Acute Poliomyelitis,

in which he stated that he had seen five cases. He regards it as an acute inflammatory affection of unknown origin. One lower extremity is most frequently affected, the temperature of the part becoming subnormal.

Dr. I. N. Love, of St. Louis, read a paper on one year of

Acetanilid in Pædiatric Practice,

in which he expressed the opinion that antifebrin is the best drug of the carbolic acid series, being three times more effective than antipyrin and less depressing. It serves, in his opinion, almost as a specific in whooping-cough, mitigating the discomforts and controlling the paroxysms.

Dr. William P. Watson, of Jersey City, read a paper on

Atropine in Eneuresis.

His method of prescribing it is to order a solution of one grain of atropine in one fluid ounce of water, and give one drop of the solution for each year of the child's age.

In the Section on Dermatology and Syphilography, Dr. Henry Fleischner, of New Haven, read a paper on

Pruritus,

in which he described the clinical difference between ordinary pain and that of pruritus. Menthol he has found the most frequently successful drug. Acetic acid is valuable in many cases, and so are resorcin and kairin.

Dr. George T. Elliot, of New York, sent a paper, entitled a

Clinical Study of Eczema Seborrhoicum,

based on the study of 208 cases. The majority of cases occurred in females, and between the ages of ten and thirteen. The scalp was affected in all cases.

Dr. J. Abbott Cantrell, of Philadelphia, reported a case of

Painful Subcutaneous Neuroma,

which occurred in a man twenty-eight years old; the pain was at times extreme and lancinating in character.

Dr. Louis Wickham, of Paris, sent a paper on

Alopecia Areata,

in which he took the view that the affection is contagious. He cited a number of instances of apparent contagion in support of his opinion. The parasite has not yet been discovered.

In the Section on Laryngology and Otology, Dr. John O. Roe, of Rochester, N. Y., read a paper on

Glandular Hypertrophy of the Base of the Tongue,

and described the appropriate treatment for the disease. The diagnosis, he said, is easily made by drawing the tongue forward. Treatment should look to the removal of all hypertrophies, and to the obliteration of all varicosed blood vessels.

Dr. E. Fletcher Ingalls, of Chicago, read a paper on the

Electrolytic Treatment of Cystic Goitre,

in which he declared that electrolysis produces more rapid results than other methods, is less dangerous, and has other advantages over them.

Dr. F. H. Potter, of Buffalo, N. Y., read a paper on the use of

Menthol in the Upper Air Passages,

and gave the results obtained by him from its use. The latter indicate that the drug controls superficial inflammation, that it is an analgesic, and destructive of lower forms of life, especially of the bacillus tuberculosis, and that it is a valuable antiseptic in nasal surgery. It may be used in a strength of from one to fifty per cent., dissolved in oil—preferably fluid cosmoline.

Dr. Charles H. Knight, of New York, read a paper on

Menthol in Laryngeal Phthisis.

The author employed it dissolved in fluid cosmoline, in the proportion of a drachm or a drachm and a half to an ounce, and applied by means of a laryngeal syringe or in the form of a spray.

Dr. H. Holbrook Curtis, of New York, read a paper on

Anemia and its Relation to Nasal Stenosis,

in which he sought to show, by a tabulation of cases, that nearly all patients with stenosis are anemic. The relief afforded by operation increases the amount of oxyhemoglobin in the blood.

Fourth Day, June 28.

In the section on Surgery and Anatomy, Dr. W. Barton Hopkins, of Philadelphia, read a paper on the

Organization and Absorption of Sterilized Dead-bone Dowels,

in which were shown the effects of retaining for various periods ox-bone dowels in contact with living bone. The experiments demonstrated that organization of the dead bone readily occurs. His conclusions are as follows:

1. That when dead bone is placed, under favorable circumstances, in contact with living bone, it undergoes organization. When, on the other hand, it is acted upon by periosteum it is absorbed, and when placed in the medullary cavity, in not too large bulk, organization, combined with absorption, takes place.
2. That these processes go on perhaps most actively between the fifth and eighth week, and are not necessarily associated with any inflammatory action.
3. That, therefore, where these dowels are employed to pin together fragments of bone after fracture, to fix the extremities of bone after resections, or for any other mechanical purpose in surgery to which they are adapted, they may be relied upon to do their work for a period of one month or six weeks, and hence to give ample time, as a rule, for union to occur. After this, their presence being no longer required, they gradually lose their identity in surrounding bone, and disappear.

NEW YORK NEUROLOGICAL SOCIETY.

Meeting June 4, 1889.

The President, Geo. W. Jacoby, M. D., in the Chair.

Dr. W. P. Wilkin reported a case of

Alcoholic Paralysis with Central Lesions,

and exhibited microscopic sections of the cord. The patient was a female, age 31, and died after four days' stay in Bellevue Hospital, with acute alcoholism and alcoholic paraplegia. At the autopsy the liver was found to be fatty and much enlarged, weighing from 8 to 10 lbs.; kidneys large, cortex thickened and markings indistinct; brain showed much extravasation around the blood vessels. There was a leptomeningitis along the spinal cord especially marked over the posterior part and involving the posterior nerve roots. Degenerative changes found in the posterior columns, most marked near the periphery. The interstitial increase was not confined to one system of fibres; it extended to a less degree through the lateral columns of the cord. In the sciatic and tibial nerves there was considerable increase of interstitial tissue, and in some parts a disappearance of axis-cylinders. This case was presented as one of ascending degenerative changes and as showing that alcoholic paralysis may involve lesions not only of the periphery but also of the central nervous system. The author referred to Schaffer's and other cases coroborative of this statement.

Dr. Dana, who had had charge of this case at Bellevue, stated that the cord was so badly hardened that good sections were obtained with difficulty. Still, the leptomeningitis and ascending degeneration in the cord had been conclusively demonstrated. He held the opinion that central lesions may sometimes occur in alcoholic cases.

Dr. Dana then exhibited a case of

Septic Peripheral Neuritis due to Pyelo-Nephritis,

with the following history: John L., age 21, was admitted to hospital Dec. 13, 1888, with symptoms of acute articular rheumatism affecting all extremities. There was no history of alcoholism or of venereal disease. There was pus and albumin in the urine, continuing five weeks. In the middle of January paralysis came on, the rheumatism abating. Anæsthesia and burning pains were present. The nerves affected were the ulnar and median of both arms and the anterior tibial of both legs. Atrophy and degenerative reaction appeared. Improvement began about March 16. Electrical reactions taken in April, 1889, showed complete Dg. R. in the flexors of the right arm and partial in those of the left. Patient is now improving very slowly, but there is still sensory and motor paralysis of the arms. He regarded the articular affection as a pseudo-rheumatic disorder, due to septicemia. It had not responded to the usual rheumatic remedies.

Dr. Sachs said that if there was any question as to the diagnosis of the nervous affection it would lie between peripheral neuritis and atrophy following joint lesions. But the anæsthesia in this case was conclusive in corroborating Dr. Dana's diagnosis.

The President then read a paper entitled

Peripheral Paralysis due to Carbonic Oxide Poisoning,

in which he reported two cases, one poisoned by coal-gas, the other poisoned by illuminating gas. The former contains about six per cent. and the latter from eight to ten per cent. of carbonic oxide. The action of this agent in the body is two-fold: upon the blood and upon the nervous system. The symptoms of its effect upon the nervous system, as variously reported, had been a burning sensation and reddening of the face, dizziness, tinnitus, headache, nausea, vomiting, unconsciousness, tonic and clonic spasms, involuntary passage of urine, feces and semen, complete paralysis, coma and death. In some cases excentric pains in the extremities, as well as sensory disorders of the skin, have been noted. Local or general anæsthesia of the skin has been observed in some cases that have recovered, as well as paralysis of voluntary muscles, most of which latter were of central origin. He had found two cases of peripheral origin in literature. His own cases were briefly as follows:

Case I, male, age 38, spent an evening conversing with a friend in a tightly closed room which was heated by a furnace from below. After a time his face became flushed and hot; he felt dizzy and his head ached; there was nausea, blackness before the eyes, and unconsciousness lasting six hours supervened. On attempting to walk then, he noticed that his right leg was weak and his foot turned in, and the right foot was anæsthetic. Dr. Jacoby saw him a week later and found paralysis of the muscles supplied by the peroneal nerve and anæsthesia. Electrical reactions normal at first, but degenerative later, with concurrent atrophy.

Case II, female, age 18, attempted suicide with illuminating gas. Her room was broken open and she was found dazed, but not unconscious. She recovered her senses rapidly, but extensors of right hand were paralyzed. They gradually atrophied, exhibited reaction of degeneration and in time recovered. Slight anæsthesia.

The author was under the impression that both radial and peroneal paralyses occur most frequently in winter, among the poor occupying ill-ventilated rooms, heated with stoves, and that mild carbonic oxide poisoning may be a more common cause of this disorder than we imagine.

Dr. Sachs thought that an excellent case had been made out for the author's carbonic oxide theory. The numerous cases of musculo-spinal paralysis, generally credited to pressure, might possibly have such an origin. It is a suggestion that ought to be entertained.

Dr. Starr said the cases reported are interesting, and, no doubt, peripherel in their nature. But we should be cautious about ascribing unilateral paralysis to a general intoxicant in the system. Other poisons occasioning paralysis cause symmetrical lesions, as exampled in alcohol, lead, arsenic, diphtheria, where the disturbances are always bilateral. He was aware, of course, that in lead poisoning the paralysis was sometimes more marked upon one side than another. This was, therefore, a presumption against the cause described by Dr. Jacoby. What was the cause, then? He described cases of his own, of coma, in which patients lying for many hours must have pressure-paralysis of the ulnar or other nerves. In another case a patient had paralysis of the adductors of the arm, after a uræmic convulsion, the paralysis being ascribed to the grasp of the attendant. He thought pressure of some sort more probable as a cause in the cases just described than carbonic oxide.

Dr. Sachs stated that carbonic oxide differed from the other poisons in the rapidity of its effects. Those mentioned by Dr. Starr were very slow. In such rapid cases as these, it might not be safe to apply the symmetrical rule.

Dr. Dana regarded the cases as due to the action of both elements. In comas, for instance, very slight pressure may produce paralysis, where ordinarily it does not. The paralyses so frequent in alcoholic intoxication are explicable in this way. Carbonic oxide may effect the system in a similar manner.

Dr. Jacoby said that the same objections had been made in cases of ether and osmic acid injections. He did not consider his position beyond question, but with the two other cases in literature added to his own, the theory advanced was tenable.

Dr. Allen Fitch then read a paper upon the

Examination of the Insane.

He showed that the usual certificates of insanity are not commitments in a correct sense, and that physicians are not responsible for the patient after his entry into an asylum. He considered the physical symptoms of more importance than any other upon which to form an opinion of insanity. It was not always possible to classify the disease in early examinations, nor best to do so in the certificates. He showed that nearly all cases that came before the courts on writs of *habeas corpus* are discharged, notwithstanding that nearly all the patients are insane. Physicians should have had actual experience in asylums to be competent to examine the insane. He emphasized the value of a physical examination, and said that, in feigned insanity, there would be little opportunity for mistake were more attention given to these physical peculiarities. He then related numerous interesting cases in illustration of various points in his paper.

He thought heredity had no bearing on such kinds of insanity as the puerperal form and general paresis.

He then presented for the consideration of the Society the "Gallup Lunacy Bill," now in the hands of the Governor of the State of New York, awaiting his signature to become a law.

Some of the bad features of this bill were discussed by Drs. Starr, Dana, Douglass and Sachs, and a resolution was unanimously passed, disapproving of the bill and requesting the Governor to have it carefully reviewed by the Commissioners in Lunacy before signing it.

THE MEDICAL SOCIETY OF NEW JERSEY.

ONE HUNDRED AND TWENTY-THIRD ANNUAL MEETING AT ASBURY PARK, JUNE 18 AND 19, 1889.

First Day, June 18.

The first session was called to order at four o'clock on Tuesday afternoon, June 18, by the President, H. Genet Taylor, M. D. After a prayer by the Rev. Frank Chandler, the details of organization were completed and addresses of welcome were delivered by Mr. James A. Bradley, the founder of Asbury Park, on behalf of the citizens, and by Dr. G. T. Welch, on behalf of the Monmouth County Medical Society.

The following amendment to the By-laws, proposed at the last annual meeting, was then discussed and adopted:—

" Order of Business, section 9, paragraph 5, substitute the following: 'The minutes of the last annual meeting may be presented in abstract, each subject being mentioned in title, and any member shall have the right to call for the full reading of any portion which is not fully understood for correction and approval.' "

Dr. Henry W. Williams, of Massachusetts, Dr. Lindsley, of New Haven, Connecticut, Dr. Deckens, of Pennsylvania, were invited to sit with the Society as corresponding members.

A letter was read from Dr. A. L. Gihon, Chairman of the Rush Monument Committee, calling the attention of the Society to the proposed Rush Monument, and asking for contributions for that purpose. The President appointed Drs. Elmer, Osborne, and Barker a committee to present the subject to the profession of the State.

Dr. W. P. Watson, of Jersey City, read a paper on

The Value of Creasote in Fifty Cases of Chronic Diseases of the Air-Passages.

He gave instances of the use of this remedy as it had come to his notice in St. Francis Hospital, Jersey City. He had been convinced of its value in such diseases and should continue to use it.

Dr. Baldwin reported from the Business Committee that the subjects for discussion for the next meeting would be as follows:—

1. Does the early Administration of the Salicylates in Acute Rheumatism prevent Heart Complications?
2. Is Diphtheria primarily a Local or a General Disease?
3. Hydrophobia.

The Committee on "Fellows' Prize Essay" reported that no essays had been received.

The report of the Treasurer was on motion read. It showed a total balance on hand of $1,087.37.

The Corresponding Secretary moved the appointment of a committee to consider the circular from the Committee on Revision of the Pharmacopœia. Drs. Benjamin, Britton, and Tichenor were appointed such a committee.

At the Evening Session, the meeting was called to order at 8 P. M. by Ex-President J. W. Ward, M. D.

The President then read his

Annual Address,

which was entitled, "A Retrospection of the Medical Society of New Jersey, and some suggestions as to its improvement."

The address began with a short account of the foundation of the Society and a *résumé* of the history of medical legislation in New Jersey, with reference to the question of the establishment of a State Board of Examiners. Concluding this part of his address, Dr. Taylor said: "My own idea is, that an improvement in medical education and attainments, and a weeding out of incompetent physicians can be best attained, in our own State, by the appointment in every County Society and in our State Society of a permanent committee to watch for every illegal practitioner locating in its jurisdiction, to examine the diploma registered in the clerk's office, and, if any were issued by doubtful colleges, to make inquiry about their standing, and to make a report to this Society at least once a year. I do not think that any prosecutions—which are undesirable—would then be necessary. The very fact that such a watch had been established in each county would deter illegal or incompetent physicians from attempting to practice in this State."

The suggestions made for the improvement of the State Society were: 1. The introduction of "sections," in the Order of Business. 2. Journalizing the Transactions; that is, printing the papers and proceedings in a special periodical, rather than in an annual report, thus following the custom of the American Medical Association. 3. The establishment of a Medical Library.

The address closed with a tribute to the memory of Dr. John Woolverton, an Ex-President of the Society.

At the conclusion of the address, the usual vote of thanks was passed.

Dr. Kipp moved the sending of telegrams of sympathy and respect to Drs. Stephen Wickes and Ezra M. Hunt, two well-known members of the Society who were detained at home by severe illness.

Dr. T. J. Smith then read the

Report of the Standing Committee.

In summing up he said:

1. There has been a remarkable freedom from diseases of the intestinal tract during the year; cholera morbus and cholera infantum were rarely and dysentery only occasionally noticed.

2. Diseases of the respiratory organs were more common, and in some of the districts they were epidemic in the form of influenza. Pneumonia was rare, and bronchitis was more prevalent among adults and children. Both were marked by a general mildness of type and by an inconsiderable mortality.

3. The ordinary endemic diseases—rubeola, parotitis and pertussis were not so frequently met with as in former years.

4. Fevers in their varied forms were of moderate numbers, and malarial poisoning was only occasionally manifested. Typhoid fever was nowhere prevalent, except in the neighborhood of Imlaystown, where it has been continuously prevalent through several seasons.

5. Of the contagious diseases, scarlet fever occurred less frequently, while diphtheria was decidedly prevalent in the districts of Hudson, Essex, and Passaic. In a few localities it showed malignant tendencies.

6. Rheumatism and neuralgia were of frequent occurrence during the winter and spring months, doubtless owing to the humidity of the atmosphere of those seasons.

7. There has been no widespread epidemic of any kind.

8. The mortality compares favorably with that of other years.

The Committee asked for a report on the experience of the profession with regard to the use of

Sulphonal.

The general opinion is that it is a useful remedy in many conditions, and that, as a hypnotic, it is generally useful and often seems better than any other drug; but that it often fails completely.

Among interesting cases reported was one by Dr. Exton, on an unusually obstinate case of paralysis following diphtheria, three weeks after the subsidence of the original disease.

Dr. Rogers reported a curious case of complication in scarlet fever. On the third day a convulsion occurred, followed by loss of sight and power of articulation, from which there was a gradual recovery in the course of two weeks.

Dr. Applegate reported a case of rheumatic endocarditis, treated with chloral and brandy, with immediate relief of the pain and precordial distress.

Dr. Sherron, of Salem, reported a house epidemic of diphtheria, traced to the presence of recent sewage in the well-water.

Dr. Albertson reported a case of recovery from phthisis.

The following papers were read by title: "Brief Notes of Curious Cases," by Dr. Welch; "A case of Thrombus of the external Iliac Vein, occurring without any known Cause in a healthy Child, aged five weeks," by Dr. Marcy; "A Twin Case," by Dr. Goodenough; "The Prevention and Treatment of Diphtheria," by Dr. McConnell.

A report from the Committee on the Revision of the Pharmacopœia was received. It recommended the appointment of a committee of three to represent the Society at the National Convention, to be held in May, 1890.

Drs. Baldwin, Elmer, and Kipp were appointed a committee to consider the recommendations made in the President's address. The Society then adjourned to attend a banquet given by the citizens of Asbury Park, at which many addresses were delivered detailing the great growth and success of the Park, and referring to the pleasure caused by the presence of the Society.

Second Day, June 19.

The meeting was called to order at 9.45 A. M. The regular subjects for discussion were taken up.

Perityphlitis, its Diagnosis, Pathology and Treatment.

The subject was opened for discussion with a paper by Dr. Ryesson.

Dr. Tichenor said that a large majority of cases of this disease get well without operation. He does not therefore advocate early operation.

Dr. Benjamin said that the conditions requiring operation are:

1. Presence of pus. He would never use the needle to determine this point.

2. Severe symptoms: if the pain is unyielding, and the condition of the patient rapidly becoming desperate. A year ago this subject was much discussed in medical journals. Dr. Morton, of Philadelphia, advocated early operation by free incision into the abdominal cavity, and washing it out. Dr. Benjamin thinks this is wrong. He would make the incision small and well down towards the crest of the ilium, and insert a drainage tube. When the pus has been evacuated the greatest danger has been tided over. All his cases of operation have recovered.

Dr. Rodgers said that a case in his practice came on suddenly. It first looked like a case of intussusception, but it soon became easily recognized. Dr. Sands, in consultation, advised operation, which was refused, and the patient recovered. Other patients recovered under antiphlogistic measures. If the needle is used for exploratory purposes it should be used with great care.

Dr. Godfrey said that it makes a good deal of difference whether a case is one of perityphlitis or a simple typhlitis. In the latter case the pus is within the abdominal cavity. The success of abdominal surgery to-day justifies operation. If the signs of pus are present, operation is imperative. He thinks that needle aspiration is not good surgery to-day. The pus cavity should be opened, washed out, and drained.

Intubation of the Larynx *vs.* Tracheotomy.

The discussion was opened with a paper by Dr. Selover, of Rahway.

Dr. W. P. Watson said that intubation, like all new operations, is becoming fashionable. He does not think that it will ever supplant tracheotomy. He believes diphtheria and membranous croup to be the same disease. He recognizes two varieties, primary and secondary croup.

The younger the child the more serious are the obstructive symptoms. One cause of the fatal result after intubation is extension of the diphtheritic membrane into the deeper air passages. Diphtheritic croup will run its course in ten to fourteen days. The longer the child can be kept alive the better are its chances.

It is for those cases of secondary croup that I think intubation is indicated; that is, the longer the disease has lasted the less danger there is of the bronchial tubes being invaded by the membrane. Dr. Watson recognizes, as the essayist has said, that the operation is the least formidable; but it should not entirely supplant tracheotomy. He believes it is only indicated in cases of secondary croup, and not in primary croup.

Dr. Jones thinks that almost any general practitioner can perform tracheotomy. The results of intubation have been better, because the operation has been performed by the specialist.

Dr. Coleman spoke of the stage of the disease and of the condition of the patient as having great influence on the result. The rapid up-and-down movement of the larynx is an almost certain precursor of death.

Dr. Benjamin said that after the first signs of cyanosis had appeared he had never seen improvement from internal treatment.

Dr. Jones said that it was very difficult for the general physician to introduce a simple powder into the larynx of an adult; he had seen them fail again and again. So much more difficult is it to intubate the larynx.

Revived Use of Calomel,

with special reference to its Preventing Plastic Exudation.

The discussion was opened with a paper by Dr. J. D. Osborne.

Dr. Williams, of Massachusetts, said: "I do not quite agree with the sentiment of the paper, or with the approval with which it has been received by the Society. In early life I was accustomed to see mercury used in a free manner. I found that, contrary to the usual belief, exudation in iritis was uninfluenced by the administration of mercury, and that atropia was sufficient. Observation during more than thirty-five years has supported this assertion. The results of the Committee to investigate the effect of mercury on the secretion of bile does not uphold its use.

Dr. Rodgers said that when he began to use calomel in small and frequent doses in sporadic croup, he began to cure patients that he otherwise felt sure he would have lost. He was careful, however, how he used calomel in diphtheria, or in any asthenic disease.

State Boards of Examiners.

The report of the Committee on the Propriety of Establishing State Boards of Examiners was read by Dr. Lehlbach. The report was very long and exhaustive; accompanying it was a history of medical legislation in the United States from Colonial times, and a table showing the present status of medical legislation in each State of the Union. The main report noted the fact that the majority of the profession of the State were indifferent or opposed to the establishment of a Board of Examiners, while a minority was in favor of such a Board, there seemed to be very little idea how such a board should be established. Such being the case, the Committee offered the following conclusions:

"1. Public opinion at this time in our State is not sufficiently educated and enlightened to appreciate the necessity of restrictive regulation of the practice of medicine to protect society against quacks and pretenders.

"2. Whenever public opinion shall be sufficiently educated and advanced to demand such legislation, a State Board of Examiners should be constituted, so as to secure entire independence from the interests of medical schools. Examinations should be minute and thorough enough to force medical schools to revise their standard for requirements for graduation.

"3. Meanwhile, existing laws presumably representing the present state of public opinion should be carried out so as to secure the object for which they were passed; or, if this is found impossible or impracticable, they should be repealed as not in accordance with public opinion."

Dr. Pennington submitted a minority report, dissenting from the position of the Committee regarding the expediency of establishing a Board of Examiners.

Prof. H. D. Williams, delegate from Massachusetts, was introduced, and in a happy speech congratulated the Society.

Dr. H. M. Weeks read a paper on Some Recent Advancements in Pelvic Surgery.

Dr. Mitchel moved that a special committee be appointed by the Chair to report a plan whereby permanent membership may be permitted in the Society.

The nominating committee having made their report, the Society went into election of officers, with the result mentioned in the Reporter, June 29.

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—William Krauss states, in the *Neurol. Centralblatt*, No. 174, 1888, that in the microscopic investigation of the organs of a girl 11 years old who had died of diphtheria and had had during life symptoms of paralysis of the naso-pharynx, degeneration of the peripheral oculo-motor nerve was found. A large hemorrhage existed in the interpeduncular trigone and surrounded the root of the oculo-motor nerve. No thrombosis or embolism of the vessels was seen.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, June 20, 1889.

The President, Alfred L. Loomis, M.D., in the Chair.

Dr. A. Jacobi read some notes on the

Inhalation of Hot Air in Pulmonary Phthisis,

and said he was led to write some notes on this subject because it was desirable, if any advantage pertained to this method of treating phthisis, that the profession in this country should know more of it; and also because Weigert, now of Germany, had made use of his name in advertising an instrument for use in such treatment. Dr. Jacobi said he had neither endorsed nor recommended Weigert's apparatus, as that gentleman had freely announced that he had done; moreover, it was not as useful for the purpose as one which could be improvised by any one of ordinary mechanical ingenuity. The inhalation of hot air in the treatment of phthisis was not first suggested by Weigert, but by Halter, who got the idea from observing the immunity from phthisis of persons who worked in a certain lime kiln. In their work they inhaled an atmosphere at a high temperature, and the inference was that it killed the tubercle bacilli, thus preventing phthisis. Dr. Jacobi had admitted Weigert's apparatus into the wards at Bellevue, and for a time they were impressed that some benefit was obtained from it; but further study of the cases showed that the benefit was to be attributed to other facts, such as rest obtained in the wards, a better atmosphere than that of the tenements in which the patients had lived, systematic exercise, etc. Weigert's apparatus was faulty in that the air going from the lamp to the mouth fell from over 200° Fahr., to little above the temperature of the blood, and on reaching the mouth was of the temperature of the body. If it were higher, doubtless it would fall some still on its passage through the air tracts. Thus it became very doubtful whether it were much elevated on its arrival at the seat of the tubercle bacilli. If it were desired to have any effect upon the bacilli by baking them in this manner, it would be necessary that the surrounding air, as well as that which the patient inhaled, be of a high temperature, not less than 105° Fahr., creating, as it were, an artificial fever. Of course such treatment would be injurious to patients who had passed the early stage of phthisis.

One or two of the patients subjected to the treatment in Bellevue suffered from cough and vomiting, which were much relieved by discontinuing the hot inhalations. Hot moist air would be more effectual at the same temperature, but patients could not withstand it as well as dry hot air.

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PERISCOPE.

Weak Heart and its Treatment.

At the meeting of the New York Neurological Society, Dec. 4, 1888, Dr. W. A. Hammond read a paper on weak heart and its treatment. The paper referred simply to weakness of the muscular structure of the heart uncomplicated by dilatation or valvular disease. The affection, he said, is very common, and while it may be fatal in its results, it may also be relieved entirely by treatment, which can be resolved into medicinal, gymnastic, and dietetic. Digitalis is the main medicinal remedy. The author has never observed the so-called cumulative effects of this drug. He thinks, on the contrary, that it requires increasing doses. He administers the infusion in two-drachm doses for two weeks, then he increases the dose one-fourth, repeating the increase at the end of the second fortnight. Convallaria he considers uncertain and unreliable. Strophanthus he thinks of more value; where there is intolerance to digitalis, it may be given. Strychnine is a valuable remedy in weak heart. He prescribes a grain in an ounce of dilute phosphoric acid, ten drops three times a day. Cocaine is a valuable remedy, a fifth of a grain being given three times a day. It has been Dr. Hammond's habit to add two grains to a pint of Malaga wine, a wineglassful being used at a time. Inhalations and hypodermic injections are required often in the weak heart of disease. Hypodermically he has used brandy, digitaline in one-twentieth-grain doses, and nitrite of amyl, two drops diluted with thirty drops of glycerin. Glonoin is useful in one-hundredth-grain doses. Medication is, however, only temporarily useful. Exercise is required for the permanent relief of this condition. Mounting stairs is mentioned as a convenient form of exercise. People living in the country may mount hills. The physician should, however, be in attendance, and the exercise should be suspended when the action of the heart has accelerated fifteen beats a minute, to be resumed upon its tranquilization.

One important point in etiology has, he thinks, failed to be recognized. This is that a normal heart, under ordinary circumstances, may become a weak heart by simple increase in the general body weight. He has had personal experience upon this point. His ordinary weight is two hundred and forty pounds. When it increases to two hundred and sixty pounds, which it does about twice a year, he is troubled with weak heart. He is then accustomed to apply his own prescriptions as to diet and exercise. In this way he can reduce his weight thirty pounds in thirty days. He then again eats and drinks what he pleases. When he went up to Mackinaw last summer he had been suffering from weak heart. When he returned he could climb anywhere, and was perfectly comfortable.

The dietetic treatment of weak heart refers especially to ingested liquids, the quantity of which should be limited. By lessening the amount of liquids ingested, the total amount of blood in the body is diminished and the work of the heart lightened. In some cases Dr. Hammond has reduced the daily quantity to twelve ounces, with marked improvement within forty-eight hours. The diet is further modified so as to reduce the amount of fat if this is excessive. —*New York Medical Journal*, February 23, 1889.

Cancer of the Breast Treated by Inoculation with Erysipelas.

Axel Holst communicates to the *Centralblatt für Bacteriologie*, Bd. III, 1888, No. 13, an account of an interesting experiment. A strong work-woman, 40 years old, had a relapse after extirpation of a cancer of the breast. The cancer—a rapidly growing skin cancer—involved in the course of a few months nearly the whole anterior surface of the right breast; the general condition, however, was but little influenced. The experiment of inoculating upon the cancer a virulent culture of erysipelas cocci was now tried. Twenty-four hours after the incorporation into the skin of the erysipelas cocci on the border of the wound surface, the patient was taken sick with a typical erysipelas, which involved the whole right arm. On the seventh day the fever fell and euphony occurred. The erysipelas of the arm did not subside, however; four and one-fourth months after the inoculation chronic erysipelas persisted. The immediate effect of the inoculation upon the ulcerating surface of the carcinoma seemed to be favorable; it began to skin over and to become smaller. The improvement soon ceased, the cancer grew worse, and nodes developed on the right arm corresponding to the extent of the erysipelas. The general condition grew progressively worse, so that Holst thinks the inoculation with erysipelas in the present case was productive of more harm than good.—*Deutsche med. Wochenschrift*, May 30, 1889.

Successful Treatment of Gall-Stone by Massage.

Dr. J. A. Comingor, of Indianapolis, Ind., communicates to the *Virginia Med. Monthly*, June, 1889, an account of a case in which he treated a patient with gallstone by massage.

The patient, a doctor, 50 years old, from exposure in November, 1885, was suddenly stricken down with the usual symptoms of obstruction of the gall-duct. Of course, jaundice followed. He was treated eleven weeks before the author saw him. It was learned that the treatment had been so full and complete, that there was nothing to suggest, in the therapeutic line, that had not been used. Dr. Comingor therefore suggested that massage be tried. This was done by placing the hands on the ribs over the liver, making firm and quick pressure downwards, letting up and repeating it say for five minutes. Dr. Comingor also requested that it be repeated two or three times during the night. Up to that time no trace of bile had been discovered in the dejections. The following day a large quantity of dark bilious matter passed from the bowels, and was soon followed by scores of gall-stones. Improvement set in from that day and continued for at least a fortnight, when, from some unknown cause, another blockade occurred. The pumping process was resorted to again, with the same desirable result as on the former occasion. After this the patient experienced no further trouble, and made a complete recovery.

The principle of the treatment and its application laid down are so simple, and the results in the case above reported were so satisfactory, that the author speaks for the treatment further trial.

Verdigris Poisoning.

A case of poisoning by verdigris is reported in a Vienna medical journal by Dr. Dauscher, who was sent for in a hurry to see a cook who had fallen senseless on the floor of the kitchen. He found that she had been engaged in drawing wine from a cask by means of a brass tube. Noticing that the wine as it was received into a glass was turbid, she tasted it, and drank perhaps three ounces. About ten minutes afterwards she was seized with severe pain in the stomach, vomited several times, and then suddenly fell unconscious to the ground. On examining the brass tube, Dr. Dauscher found that the finger inserted into it was covered with greenish matter, which had the appearance and smell of verdigris. There was no doubt, then, that the patient was suffering from poisoning by this substance. She was quite unconscious, the surface of the body cold, the pulse irregular and scarcely perceptible, the pupils normal, and the mouth closed from spasm of the muscles. There were trembling movements of the upper extremities, and the respiration was so irregular and intermittent that death appeared to be imminent. All attempts to set up vomiting having failed, some powdered iron, sulphur, and magnesia were given, and in a couple of hours' time the worst symptoms passed off, and the patient recovered consciousness. She complained of great pain in the stomach and colon, and later on in the day she suffered from tenesmus. The next day she was very weak, and complained of a metallic taste in the mouth. The skin and conjunctivæ presented a slightly icteric tint. On examining the wine which had been drawn through the brass tube, it was found to contain a considerable quantity of copper, but that in the cask was free from this metal. It is very evident that such pipes as this should not be employed for wine, and, as Dr. Dauscher says, should be forbidden by law. —*Lancet*, June 8, 1889.

Subcutaneous Emphysema in Labor.

Dr. J. H. Gunn, of Calera, Ala., says in the *Alabama Med. and Surg. Age*, June, 1889, that on Nov. 25, 1887, he was called to see Emma B., a white primipara, twenty years old. The woman is described as a fine type of physical development, having enjoyed perfect health all of her life—never having before been attended by a physician or "taken any doctor medicine." She had never been troubled with a severe or habitual cough or pain in the chest, nor had any ailment except colds. She was taken in labor on the morning of the 24th, and the labor, under the attendance of a midwife, progressed slowly and without incident until 12 o'clock the following night, at which time the waters broke; this was soon followed by bearing-down pains of a severe character. During the existence of one of these pains, a swelling appeared near the angle of the right jaw. The swelling increased with each pain and spread rapidly over the face, neck, breast, and arms, and at the time of Dr. Gunn's arrival (4 A. M., on the 25th) the face and neck were enormously distended. The skin pitted slightly on pressure, and crepitation could be distinctly felt. The labor terminated by the birth of a ten-pound girl shortly after Dr. Gunn's arrival. Soon afterward the swelling began to disappear, and was entirely gone in a few days. The patient recovered rapidly from the labor, and is now and has been in perfect health.

Dr. Gunn thinks that the woman must have wounded the mucous membrane of the mouth with the teeth during the existence of a pain, and that the air was forced through this opening at each recurring pain.

Tobacco, its Uses and Effects.

Dr. G. F. Shiels, in an elaborate paper on tobacco, its uses and effects, read before the San Francisco Medical Society, Feb. 26, 1889 (*Pacific Medical Journal*, April and May, 1889) summarizes his opinion as follows:

The use of tobacco is general, and in spite of the death penalty of the Sultan Amurath, the writing of King James I, and the laws and popular crusades against it, this use has continued to spread; these are facts which show that tobacco must fulfil some human want.

The human race have from the earliest times employed narcotics. I believe tobacco to be a mild narcotic which the average adult quickly tolerates and which, taking into consideration its almost universal employment and the general health of those using it, cannot be looked upon as harmful. Excluding the youth and individuals who have an idiosyncrasy, I feel justified, from my reading and observation, in stating that, when used in moderation and at times when the stomach is not empty, tobacco has a beneficial effect.

Like all other luxuries, the use of tobacco is liable to be abused, this abuse being evidenced by disturbance of the cardiac, mental, digestive and other functions, due to a paresis or paralysis of the cerebro-spinal and sympathetic nervous systems.

Villous Tumor of the Rectum.

Dr. George J. Cook, of Indianapolis, reports a case of this rare growth in a paper published in the *Weekly Medical Review*, June 8, 1889. Dr. Cook was called on December 28, 1887, to see Mrs. S., forty years old, formerly robust and healthy, the mother of several children, and still menstruating. About five years previous the patient had begun to have, at times, some pain in the rectum and sacral region, dull and aching in character; and she noticed occasionally a free discharge of mucus. These symptoms of rectal disease gradually increased until the pain became almost constant during the daytime, when she was up attending to her household duties, and the discharge of mucus of daily occurrence. During the previous six months she had been losing flesh and strength rapidly, and at the time Dr. Cook saw her she was confined to her bed most of the time on account of general weakness, and the distress in the rectum when she was in the upright position.

For two months past a tumor would present itself at the anus while the patient was straining at stool, but it never entirely prolapsed; occasionally some blood was lost. There was one natural passage from the bowels daily, but several times a day a large quantity of thin mucus would pass, sometimes a half-pint or more at once. The patient could take but little food, and her skin was pale and waxy in appearance. Her history and appearance suggested some form of malignant disease.

On digital examination, Dr. Cook recognized a tumor which was resting in the rectal pouch, well above the internal sphincter muscle. It was different from anything he had ever felt before in the rectum—so slippery that it was with difficulty held beneath the finger for examination, of a spongy consistence, with no induration, and firmly attached to the posterior rectal wall. When the patient was placed under an anæsthetic and the sphincters dilated the tumor was easily drawn outside; it was the size of a large hen's egg, of a bright arterial color, had no pedicle, but grew from the gut wall by a broad base. A fold of mucous membrane was dragged down to allow it to come outside the anus. There was some thickening of the fibrous tissue at the base, and from this sprang long villous processes, which composed the bulk of the tumor. Each one of these increased in size from the base toward the free extremity, giving the ends a clubbed appearance. The outline of the tumor was very distinct. There was no surrounding zone of congested or inflamed membrane, but the healthy tissue came up to the outer row of villi. The contrast in color was marked; the surrounding membrane was pale, owing to the great debility of the patient; and the tumor was of a bright arterial hue.

The growth was removed by passing a double ligature through the fold of mucous membrane above it, tying, and then cutting it off with a knife. The ligature came off after a few days, and the patient made a rapid recovery, soon becoming strong and stouter than ever before in her life.

Physiological Action of Antipyrin.

Dr. Rayner T. Batten and Mr. T. J. Bokenham have investigated the physiological action of antipyrin in the laboratory of Prof. Lauder Brunton, at St. Bartholomew's Hospital, London. In a communication to the *British Medical Journal*, June 1, 1889, they record their observations, and state that the main, if not the sole, action of antipyrin is due, directly or indirectly, to its influence on the nervous system. It appears, according to them, to act on all parts of it—mainly on the spinal cord, but also on the brain and motor nerves. With regard to the special region of the cord affected, they are lead to think from the strong resemblance of the symptoms produced in their experimentation to those of lateral sclerosis, that the action of the drug may be localized in the lateral columns of the cord.

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NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

ETHICS AND ADVERTISING.

Under this title, the *Times*, of Philadelphia, not long since published an editorial, the burden of which seems to be that medical men should follow the example of business men in advertising in the daily papers, and that the sentiment among physicians which opposes this is a superannuated and mawkish one, and ought to be done away with. The casual reader might suppose that this was indeed the meaning of the editor of the *Times*, and we would not be surprised if most of the readers of the editorial had missed the irony of it altogether, and failed to see how plainly the writer shows the impropriety of physicians' advertising. From an ingenious misstatement in regard to the reasons why lawyers have less of certain kinds of work than they used to have, which might well mislead the unsuspecting reader, the writer passes to a misstatement in regard to physicians and their relation to public advertising which is so palpable that it rather imperils the safety of the joke. The chances in favor of the joke are somewhat increased, however, by the fact that lawyers who read it may think the statements about physicians are seriously meant, and that physicians may think the same about what is said of the members of the bar. That this supposition is not unreasonable is shown by the fact that one of our subscribers has actually called our attention to the editorial referred to, and has suggested that it needs an answer. The editor of the *Times* is too intelligent a man to be suspected of having written, or admitted to the columns of the paper, such an article, except as a joke, and, no doubt, what he meant was to expose to contempt the idea that honorable and self-respecting medical men could properly enter into such competition as is fit for business men, or imitate the effrontery of quacks and vendors of patent medicines.

The reader might be put on his guard in getting at the real meaning of the writer by noticing how scornfully he speaks of physicians who try to advertise in spite of the ethics of the profession, and how he cites as among the most honored and most successful practitioners in Philadelphia the names of men who are the strongest opponents of advertising by medical men. The fact is, as the editor of the *Times* well knows, that the honorable medical man cannot and will not enter into competition with those who praise their own skill or puff their own medicines. All medical men know that money may be made by doing this; but the same is true of picking pockets, or of gambling; and the sense of the profession in every part of the world is clear that physicians should keep as far away from even the appearance of advertising themselves as is possible. The editor of the *Times* knows this, and he would not trust himself or any member of his family to the hands of the sort of medical man who would take his advice seriously, and imitate the quacks who advertise in his own paper. But the editorial we have referred to does, on its face, appear to support low views of professional honor and integrity, and we regard it as a pity that the writer has put on such an appearance of meaning what he says as might mislead many of his readers.

TREATMENT OF WHOOPING-COUGH.

A remedy or course of treatment that may be relied upon, in most cases, to lessen the frequency and diminish the severity of the paroxysms of whooping-cough and, at the same time, to shorten the duration of the disease is still among the things hoped for but not yet attained by the world. Something can unquestionably be done to alleviate the sufferings of the patients with whooping-cough, by the administration of belladonna and antipyrin. Local measures have not hitherto been received with much confidence by general practitioners, perhaps because they have not merited it. In a recent number of the *Archiv für Kinderheilkunde*, as quoted in Schmidt's Jahrbücher, Dr. A. Beltz, of Greifswald, reports the results he has obtained by means of Michael's method. This method consists in insufflations into the nasal cavity of one part of nitrate of silver to ten parts of magnesia. Dr. Beltz asserts that this treatment has given him very good results. In some patients the disease is quickly aborted; in others there is said to be a diminution in the intensity and in the duration of the attacks; in only a few cases there are no noteworthy results obtained. The insufflations were employed in some cases every second day and in others daily. The results were most favorable when the patients were subjected to the treatment at the beginning of the disease or after it had lasted not more than six weeks. From the former statement an inference favorable to the efficacy of the treatment could be drawn; but too many remedies act well in the declining stages of the disease to justify any conclusion from the latter statement.

Dr. Beltz regards whooping-cough as a reflex neurosis originating in the nose; but he does not express an opinion as to whether the proposed method of treatment acts by obviating the local condition of irritation or by producing a fresh irritation and thereby inhibiting the pathological reflex.

The difficulty of treating whooping-cough is often so great, and the disease is so tedious that almost anything proposed with promise of usefulness is hailed by medical men with interest. For this reason we lay the plan of Michael before our readers; at the same time, it is proper to state that we see little in it to recommend it to their adoption for average cases. The method appears to be a harsh and painful one; and, while so many patients recover under treatment which is almost expectant, and so many others under methods which are carefully thought out, and adapted to the pathological conditions believed to be present, while other many recover in a reasonable time, in spite of treatment which deserves little consideration from a scientific standpoint, it seems as if but few cases would present conditions requiring the local application of so severe a remedy as nitrate of silver.

FLAGS TO ANNOUNCE CONFINEMENTS.

Medical men who intend to go abroad this season may find it interesting and profitable to bear in mind an announcement just made in the French medical press. This announcement is to the effect that a flag will be displayed at the Medical Department of the University of Paris whenever a confinement is in progress in the Obstetrical Ward. The color of the flag will indicate the kind of confinement: a blue flag indicating that the confinement is a simple one, a yellow flag that the labor is difficult, and a green flag that an operation is necessary.

ELIMINATION OF POISONS.

In an exceedingly interesting and valuable Croonian Lecture on Chemical Structure and Physiological Action, recently delivered before the Royal College of Physicians of London, by Dr. T. Lauder Brunton, there is a passage in which he discusses the treatment of diseases depending upon infection of the blood or tissues by microbes. In this he calls attention to the difficulty of destroying or weakening microbes, once fairly occupying the animal economy, and the greater probability of success by promoting rapid elimination of the poisonous products of micro-organisms, as well as of the micro-organisms themselves.

One of the most important methods of such elimination is free purgation; another is active diuresis, and a third—not alluded to here by Dr. Brunton—is free sweating.

One of the best diuretics, Dr. Brunton says, is a free supply of water, and Ringer has pointed out the possibility of lessening the effect of poisons by washing them, as it were, rapidly out of the system. This plan has recently been followed by Sanquirico with very striking results. In his experiments he injected quantities of a weak saline solution directly into the veins, immediately after the poison had been administered, or just when the symptoms of poisoning began to appear. By treatment in this way he found that three times the ordinary lethal dose of strychnine had to be administered before death occurred. The poisonous action of chloral, alcohol, urethan, pareldehyde, caffeine, and aconitine was also diminished, but not very much, while that of morphine and nicotine was unaffected. In all cases the beneficial effect of the treatment was most marked when the diuresis was greatest. No doubt the effect of fluids is likely to be greater when they are introduced directly into the veins than when they are introduced indirectly through the alimentary canal, but the effect in both cases will be the same in kind, though different in degree.

The principles laid down in these statements, are probably those which lie at the base of the empirical practice of hundreds and even thousands of years; and they furnish an interesting demonstration of the way in which reason often, by slow steps, demonstrates the wisdom of practices long since adopted under the spur of instinct or in imitation of Nature.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

SUGGESTIVE THERAPEUTICS: A TREATISE ON THE NATURE AND USES OF HYPNOTISM. By H. BERNHEIM, M. D., Professor in the Faculty of Medicine at Nancy. Translated from the second French edition, by CHRISTIAN A. HERTER, M. D. 8vo, pp. xvi, 420. New York and London: G. P. Putnam's Sons, 1889.

Few subjects more interesting or of more importance than that discussed in the volume before us have ever been proposed in all the long and curious history of the art of medicine. There is a fascination about it which is natural, in view of the obscure nature of the phenomena observed and the theories advanced by those who regard hypnotism as a valuable therapeutic measure. At the present time, the ground occupied by the author of this book is approved by a small number of sympathizing physicians, but the great majority think it too advanced for the facts upon which it is supposed to rest. None the less, his book is an interesting and valuable one. Nowhere else will the reader find so complete an account of the manifestations of hypnotic suggestion used to cure disease; and the preferences of the author do not lead him to lengths which are not fully to be accounted for by his natural enthusiasm, and the seductive nature of his subject. To the wise reader his book will prove not only entertaining, but also profitable.

EXTRA-UTERINE PREGNANCY—A DISCUSSION. Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists, 1888. Illustrated. 8vo, pp. 70. Philadelphia: William J. Dornan, 1889.

This reprint contains a very readable and instructive discussion on the subject of extra-uterine pregnancy, notwithstanding the fact that the eight participants do not agree among themselves, either as to pathology or treatment. This, however, at the present time, is not a disadvantage; as, in spite of the dogmatism of some, there are points both in pathology and the details of treatment which are unsettled.

As an appendix there appears a laudatory editorial review, from the *Buffalo Med. and Surg. Journ.*, of Lawson Tait's "Lectures on Ectopic Pregnancy and Pelvic Hematocele." The illustrations represent a lithopedion, and two cases of extra-uterine pregnancy.

THE DIAGNOSIS AND TREATMENT OF EXTRA-UTERINE PREGNANCY. By JOHN STRAHAN, M. D., M. Ch., M. A. O., etc. Jenks Prize Essay of the College of Physicians of Philadelphia. 8vo, pp. viii, 134. Philadelphia: P. Blakiston, Son & Co., 1889.

Within the past decade our knowledge concerning ectopic gestation has been very materially increased. This advance has been made possible largely through the facilities offered the investigator by modern abdominal surgery. Hence it was felt that the choice of this subject for the "Jenks Prize Essay" of the College of Physicians of Philadelphia, was a happy one. The time was ripe for the presentation of an essay which should clearly set forth the results of the labor of modern investigators throughout the world, the errors in past teachings which have been discovered, and, perhaps more than all, those points which yet remain in doubt; so that the efforts of future workers in this field would be rendered more systematic and more fruitful in results. Unfortunately, the essay to which the prize was awarded fails to satisfy these expectations. Dr. Strahan's essay is little more than a presentation of the Birmingham views in regard to ectopic pregnancy. Its most striking feature is that it is a remarkably faithful reproduction of Mr. Tait's book, Lectures on Ectopic Pregnancy, published last year. This must be very flattering to Mr. Tait, as his views are accepted almost, if not, without exception. British opinion, both as it agrees with and differs from that of Mr. Tait, is set forth in copious abstracts from the *British Medical Journal;* but the references to foreign work and literature are very meagre, and do not indicate any such investigation or study by the author as it is right to expect in a Prize Essay. These remarks apply especially to the author's unsatisfactory exposition of the views and practice of Continental authors in regard to ectopic pregnancy.

The author's style is fairly entertaining, although it is far from dignified or accurate, and his construction is often ungrammatical, while it is painful to note the not infrequent misuse of anatomical terms.

Finally, we can but express our astonishment that this essay should have received the Jenks Prize. If this is the best essay offered for competition the others must have been poor enough. It adds almost nothing of value to the literature of the subject; and those who have read Mr. Tait's recent work, and the *British Medical Journal* for some years last past, will find little in it that is either novel or unfamiliar.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

300. YELLOW FEVER. ABSOLUTE PROTECTION SECURED BY SCIENTIFIC QUARANTINE, ETC. BY WOLFRED NELSON, M. D., New York. 50 pages.

301. THE PROPRIETY OF SURGICAL INTERFERENCE IN PERFORATING TYPHOID ULCER. BY J. EWING MEARS, M. D., Philadelphia. From *Transactions of the American Surgical Association*, 1888. 14 pages.

302. LAPAROTOMY FOR ASCITES. BY THOMAS A. ASHBY, M. D., Baltimore, Md. From the *Amer. Journal of Obstetrics*, January, 1889. 11 pages.

303. EARLY RECOGNITION OF CANCER OF THE CERVIX UTERI. BY HENRY C. COE, M. D., New York. From the *Medical News*, Feb. 16, 1889. 16 pages

304. THE SCIENCE OF SUCCESSFUL SURGERY. BY JOHN B. ROBERTS, M. D., Philadelphia. From the *Journal of the Amer. Med. Association*, Feb. 2, 1889. 24 pages.

305. THE COMPARATIVE MERITS OF TRACHEOTOMY AND INTUBATION IN THE TREATMENT OF CROUP. BY GEORGE W. GAY, M. D., Boston. From the *Boston Med. and Surg. Journal*, Oct. 11, 1888. 21 pages.

300. In this pamphlet there are four essays, bearing upon different phases of the yellow-fever question. The most important is the first, in which there is a manifest leaning toward the belief that quarantine may keep out yellow fever; but nothing which deserves the name of an argument. The pamphlet has a good deal in it that is instructive, however, and is quite worth reading.

301. Dr. Mears's paper contains abstracts of the history of four cases in which laparotomy was performed for perforation of the bowel due to ulceration in typhoid fever—all followed by death; and of one in which the operation was under consideration, but was not carried out—the patient recovering. His conclusion is against operating while the "infective" process is at its height; in mild cases, with perforation at the end of the third week, he advocates it. He also describes the way in which the operation should be done.

302. Dr. Ashby did an exploratory laparotomy, found a fibro-myoma and a degenerated ovary, and removed them, and the patient had no recurrence of a hydroperitoneum which had been her most trying symptom before. He therefore recommends laparotomy as a resource in the treatment of ascites the cause of which is not well-recognized.

303. Dr. Coe's pamphlet is both interesting and instructive. It calls attention to the importance of early recognition of cancer of the uterus, and points out the way in which this may be attained. His experience in connection with the Cancer Hospital in New York has made him sufficiently familiar with these cases to give his opinions great weight.

304. Dr. Roberts's pamphlet contains the Annual Address before the Academy of Surgery of Philadelphia for the current year. It is full of homely and practical truths, and sound teaching. The road he points out is one which only frank and honest men can tread, but the only one which can lead to success in the truest sense of the word.

305. Dr. Gay gives an excellent and fair review of the comparative advantages of tracheotomy and intubation in the treatment of membranous laryngitis. He does not believe that intubation can fully displace tracheotomy, but appreciates its advantages in certain cases, and describes what those cases are. His pamphlet is very thorough and is eminently worthy of careful study.

LITERARY NOTES.

—*Babyhood* for July, 1889, contains an excellent common-sense article on "Some Causes of Alleged Malaria, Worms, and Brain-disease," by Dr. Walter Lester Carr, and on "Children at the Sea-shore," by Dr. Andrew H. Smith, and an instructive paper, by Margaret Andrews Allen, on "How Shall we Read to Our Children?" The number is good in every respect except one: it contains—without any comment of disapproval—an article by Alice Mariett, entitled "Automatic Corporal Punishment Hall," in which the practice of lying in the training of children is held up as worthy of imitation. Such a paper ought never have gained admittance to such a journal, which is, in the main, safe and sound in its teachings.

NOTES AND COMMENTS.

Florida and the Yellow Fever.

Dr. George Troup Maxwell, of Jacksonville, Fla., who has had considerable experience in epidemics of yellow fever, and who has devoted much time to a study of the natural history of the disease and the conditions favorable to its production, has recently (June 8) published a communication in *The Metropolis*, of that city, which contains matter of interest to the whole medical profession and to the community in general.

He opposes the view that yellow fever is indigenous to Florida, and maintains that epidemics are due to local neglect of sanitary rules.

Yellow fever, he says, has prevailed from Halifax, Nova Scotia, to Key West, Fla., on the Atlantic coast of North America, through twenty-five degrees of latitude, embracing every variety of climate from frigid to torrid. Will mildness of climate explain this extensive range of residence? Was it the mild climate of New Hampshire that caused it to prevail at Portsmouth in 1798, in Rhode Island at Block Island in 1801, at Bristol in 1795, 1796, and 1797? Did that "mild climate" permit it to hybernate there two successive winters, and to prevail in Newport in 1806, in Providence in 1794, 1795, 1797, 1800, and 1805, in Westerly in 1798? Was it Boston's mild climate that permitted the disease to develop in 1691, 1693, 1695, 1696 and 1698, 1800, 1802, 1805, 1819, and 1858? Does the mild climate of Boston explain its appearance there 166 years before its advent in Jacksonville, Fla., 133 years before it was known in Key West, and 180 years before Tampa was visited by it? Is it the mild climate of Cuba that has caused yellow fever to make its permanent home in Havana? If so, why are not residents and sojourners of the vicinity attacked by it? It is well known that residence in, or temporary refuge to the country near by Havana, even a mile or two distant, gives immunity from attacks of yellow fever. Will it be contended by any sane, intelligent person, that the exemption in the latter case is due to difference in climate?

In Jacksonville there was an epidemic of yellow fever last year, but though hundreds of cases were carried to the sand hills hospital, three miles distant from the court house, many of whom died, not a single attendant contracted the disease. How different was the experience at St. Lukes, in the heart of the city. There every unacclimated attendant sickened! Did difference in climate cause the difference in experience between sand hills and St. Lukes, three miles apart? Was it difference in climate that caused yellow fever to become epidemic in Jacksonville, McClenny, Gainesville, etc., but prevented its spread at Pablo, where there was a fatal case, and many other neighboring places? Similar instances of contrasting experiences between places near and almost adjacent could be multiplied almost indefinitely, but surely enough has been given to show the utter absurdity of the attempt to cast a stigma upon the health-giving climate of Florida.

Now, what is the explanation of the marked differences in the experiences of localities in the same climate, with regard to the spread of infectious diseases? Let us show by illustration. As Cuba is called the habitat of yellow fever, so India is regarded as the home of cholera, and to its climate all the censure is applied. Is the charge based upon facts and reason? Let us see:—"At Fort William, in Calcutta, cholera reigned every year in the form of an epidemic, and cut off thousands of soldiers who were garrisoned there. This fort was a regular cholera-centre, and as it is situated in a cholera-territory, the hope of ridding the place of the disease was almost abandoned. At present, however, that fort which is still in the same place, viz., in the centre of Calcutta, which is annually visited by cholera, has become quite free from attacks of the disease." No one will contend that the climate of Fort William has been changed; how, then, can the wonderful result be explained? "The result was obtained by all that was done for sanitary improvement." But that the sanitary improvement has not been extended to Calcutta will be seen by the following from Dr. Grant-Bey: "As a comfortable but delusive impression seems to be spreading with regard to the sanitary condition of India, and of Calcutta in particular, it may be well to direct attention to the actual state of affairs. It is impossible to speak of the filthy condition of the broad fringe of hamlets by which Calcutta is surrounded without using forms of expression which must seem exaggerated when judged by an ordinary standard. But the fact is there is no possibility of exaggerating either the horrors of the hamlet-world, or the manifold dangers by which, owing to the lethargy of the local government, the city of Calcutta is encircled.''

There is nothing to equal the horrifying details which follow the above, taken from an address of Dr. Grant, except, perhaps, the description of portions of Key West, by the *Key West Equator*, of a recent date. Is it surprising that cholera should make its home in Calcutta, as, according to Dr. Guitéras, yellow fever has done in filthy Key West; and yellow fever, small-pox, and cholera have in Havana? for every word that Dr. Grant said of the condition of Calcutta, applies to portions of the old city of Havana, and of Key West.

Let the sanitary improvement which has driven cholera from Fort William be applied to Havana, Key West, and all other places liable to yellow fever on account of their filthy condition, and similar results will follow. It is not a question of climate, but local insanitary conditions which must be considered. For "there is no city or village, and we might say no location for any dwelling, where the soil is so well drained by natural means as to require nothing further by the removal of surface or subsoil water. There are no places on earth where people can occupy a given space of ground for any length of time, without so overburdening the natural processes of purification as to make necessary some especial provision for the removal of the residuum waste of living.''

By thorough surface and subsoil drainage, and the removal and destruction of human excreta, health will be assured and the longevity rate increased.

The Croton Water.

The State Board of Health of New York has concluded its first inspection of the Croton water-shed. The report states that the water-shed contains 361 square miles, and that the population of the region is about 25,000. Villages, towns and a large number of farms are found that have no drainage except into streams tributary to the Croton river or into the river itself. Engineer Brown, who made the examination, says there are now about 18,500 cows, pigs, horses and sheep living on the water-shed, in barns and yards which require special attention because of their proximity to the streams and ponds. Mr. Brown found also 2,843 houses and over 3,000 barns and barnyards that directly drained their filth into the streams which supply the Metropolitan reservoirs. The new rules of the Board of Health prescribe severe penalties for the pollution of streams, and Commissioner Gilroy has announced his readiness to prosecute offenders against these rules as fast as their guilt can be established. The attention of the authorities has been directed to the pollution which makes Croton water obnoxious to every well-informed person, and there is hope that some improvement may result.

Small-Pox and Vaccination.

Dr. S. W. Williston, health-officer, of New Haven, states that the death-rate in New Haven has been higher in 1888 than in any year since 1881, though distinctly less than the average in the preceding years. This increase has been chiefly due to zymotic diseases, one-fourth of all the deaths being due to preventable causes. The mortality from diphtheria and membranous croup was nearly twice that of 1887; that from measles and diarrhœal diseases was also high. From small-pox there were two deaths during the year. The history of these cases is both interesting and instructive, and emphasizes the necessity for a correct diagnosis in this disease. The first case was that of an engineer who contracted the disease in New York City. He had been vaccinated early in life, and thus escaped with varioloid, not more than thirty or forty pustules appearing on his body. His wife, attending him, was in due time taken with the same form of the disease. Both cases were treated for measles, both had had measles previously, and both had been vaccinated in childhood. The family living on the floor below, consisting of Mr. D., his wife, and child, had never been vaccinated, save Mr. D. The wife was first to contract the disease, having nursed the second patient. She died of confluent small-pox. The daughter, six years of age, contracted the disease from her mother, but so soon that vaccination after the recognition of the disease did not suffice to prevent its occurrence, of which she died. A middle-aged lady, a relative, called in to nurse Mrs. D., was vaccinated for the first time six days after exposure. The vaccination formed a typical pustule, but did not prevent the occurrence of the disease in a mild form. The disease was confined to the one house; and all those thrown in contact with the cases, who had been properly vaccinated, escaped. The two who had never been vaccinated died. One who was first effectively vaccinated six days after exposure, had it in a mild form. The two who had not been vaccinated since childhood had a light varioloid. In commenting on this case, Dr. Williston says, "And yet, I am sorry to say, in the light of such evidence, that has been so often repeated, there are physicians in New Haven to-day who do not believe in vaccination!"—*Science*, June 21, 1889.

Ligation of Common Iliac Artery.

The common iliac artery was ligated for a large and rapidly increasing aneurism of the external iliac, by Mr. Clement Lucas, in Guy's Hospital, on June 24. Owing to the size of the aneurism the abdomen was opened in the median line; on turning aside the intestines the vessel was reached without difficulty through the peritoneum. Neither shock nor rise of temperature followed the operation, and on the evening of June 26 the patient was doing well, the circulation being well maintained in the foot. On July 6, the *British Med. Journal* reports that the patient had continued to do well; that his wound was then healed; and that he was considered to be convalescent.

Hygienic Police Regulations in Berlin.

The Berlin correspondent of the *Medical Age*, June 10, 1889, says that the city of Berlin in many respects is exemplary in its hygienic care and dispositions, especially in its regulations concerning buildings, streets, victuals, and last, but not least, the patent medicine man. No house is allowed to be built until its plans have passed not only ordinary police inspection, but also a special "hygienic committee," which rejects, of course, everything which is not in accordance with the principles of hygiene. The streets of Berlin are the objects of admiration of all foreigners, who speedily are awakened to the shameful and outrageous treatment to which they have been subjected for years. Berlin is paved almost exclusively with asphaltum and Belgian blocks, and the streets are always bright and clean-looking, regardless of weather. The inspection of victuals is so rigorous that poisoning from trichinæ, or from decomposed meat, fish, or other eatables is an exceedingly rare occurrence. Quite recently, 24,000 pounds of fish, just from Denmark, were confiscated and destroyed. No milk wagon is allowed to enter the city until the specific gravity of the milk has been ascertained. Regarding patent medicines, the Berlin police have resorted to very simple means to protect the public, viz., by the absolute interdiction of patent medicine advertisements in newspapers and other public prints. It will be seen by the foregoing that citizens of Berlin are not permitted to care for themselves, as is the hazardous privilege of Americans, but the government assumes the responsibility of all hygienic and sanitary precautions.

Sir Spencer Wells on Cremation.

The London *Lancet*, June 8, 1889, says that Sir Spencer Wells deserves credit for the pains he takes to disseminate a knowledge of the arguments for cremation in Great Britain, and of the success which this method of disposing of the dead meets with. It is impossible to deny the strength of the arguments in favor of cremation as a most effective and prompt way of reducing the body to its mineral elements, which process, the *Lancet* says, can be carried out now at Woking at the small cost of ten shillings per body. Sir Spencer Wells argues that, however light the covering of the dead body, its burial in earth is objectionable, for the reason that infective germs are in this way preserved and carried about by water or air, to operate injuriously when favorable meteorological or social states occur. The rapid growth of population, and especially of urban populations, due to a greater prevalence of peace and a more satisfactory sanitary system, invests this question with ever-increasing importance. The religious objections have been completely answered by men like Lord Shaftesbury and Bishop Fraser. There is evidence that the number of cremations is increasing in Italy and England, as in the week preceding Sir Spencer Wells' speech there had been three cremations at Woking; while in Italy, in the three years 1886, 1887, and 1888 there were 119, 155, and 202. Dr.

Parkes thinks that for maritime nations much is to be said for burial at sea; but we are a long way off such a solution of a very serious question, which strangely underrates the sentimental objections.

Antipyrin in Whooping-Cough.

Dr. R. Guaita, medical director of the Children's Hospital, at Milan, confirms the value which has been attributed to antipyrin as a remedy in whooping-cough. During an epidemic at Milan, last summer, he used it in 22 cases, 12 of which were of great severity, with the result that in every instance the disease was completely cured in from four to five weeks. No complication of any kind occurred. The age of the patients varied from 5 months to 9 years, with the exception of one who was over 20. In all the cases, the symptoms subsided or became more marked, according as antipyrin was given or withheld. Dr. Guaita thinks that the good effect of the drug is due partly to its inhibitory action on the nervous system, and partly to its antiseptic properties; he calls it the "sovereign remedy, for the present at least, in whooping-cough." He gives 25 centigrammes (about 4 grains) of antipyrin in 25 grammes (about 7 fluid drachms) of syrup of orange peel, with an equal quantity of distilled water, in four doses in twenty-four hours, increasing the dose of antipyrin to one or one and a half gramme (15 to 23 grains), according to the indications. If the cough causes vomiting, he finds a small quantity of hydrochlorate of cocaine given with the antipyrin most useful.—*British Med. Journal*, June 1, 1889.

Method of Applying Cocaine to the Urethra.

Dr. W. N. Wishard, Professor of Genito-Urinary and Venereal Diseases in the Medical College of Indiana, says that the value of cocaine as an anæsthetic is well shown in urethral surgery, and also its ill effects if used too frequently or too indiscriminately. It ordinarily controls all pain in doing an internal urethrotomy. Dr. Wishard is in the habit of using an ordinary medicine-dropperful of an eight per cent. solution, first blunting the end of the dropper slightly in an alcohol flame. Throwing the solution into the urethra and closing the meatus with the thumb and index-finger, the dropper is removed and allowed to fill with the air. The air is then injected in a similar manner, and with the loose tissue of the most dependent part of the scrotum is rubbed up and down the line of the urethra. The air forces the cocaine back and forth, and thoroughly bathes the mucous membrane in it. An urethral syringe or a catheter used with the dropper answer if the deeper portions are to be anæsthetized.—*Indiana Medical Journal*, June, 1889.

Antifebrin in Epilepsy.

Dr. Theodore Diller, of the State Hospital for the Insane at Danville, Pa., writes to the *Therapeutic Gazette*, June, 1889, that he has employed antifebrin in nine unselected cases of epilepsy. The remedy was administered three times a day, dry, upon the tongue; and the dose given was four grains, except in two cases in which this amount was doubled. It was given with more or less interruption during part of October, and all of December, January, and February last. The month of October is not included in his estimate of the effect of antifebrin. Dr. Diller concludes that, in all cases in which the drug was given continuously, there was noted a reduction in the number of fits, ranging from about twenty-five to seventy-five per cent., as compared with other months during which the patients were on the bromides and tonic treatments alternately. The remedy was in all cases well borne, producing no apparent mental or physical depression. This was in marked contrast with the depressant effects noted after a course of bromide treatment. No skin eruption was produced. In any given case, in which a great number of fits are occurring, and where it is desirable to control them as soon as possible, he thinks the bromides would be of far more value than antifebrin.

Women's Breathing.

Our readers will doubtless remember the claim made by Dr. Thomas J. Mays, of Philadelphia, that he had succeeded in demonstrating that the statement made in almost every text-book on physiology, that it was natural for women to breathe from the chest, was wrong; that the abdominal type of respiration, as ordinarily observed in men, was the natural type of women as well, and the costal type as seen in women is the result of modern dress. This claim he supported by the result of an examination of eighty-two American Indian girls. Dr. J. H. Kellogg, from an examination of Chinese and other women untrammelled by tight-fitting dress, finds the abdominal type present in them. Other observers, notably Hutchinson, in twenty-four girls whose waists had never been constricted by corsets or other appliances, found the costal type present. The question of what is the natural type of respiration may therefore still be regarded as *sub judice*, unless, which perhaps may be the truth, both types are natural under varying conditions, independent of dress.—*Science*, June 7, 1889.

Indiana State Medical Society.

At the 40th annual meeting of the Indiana State Medical Society the Secretary reported a gain of six county societies, and 70 members, over last year. No physician can be a member of the State Society unless he belongs to a County Association, and being a member of the latter makes him a member of the State Society. The whole number of members is now 1,200. The Treasurer's report announced a prosperous condition of the Society.

Treatment of an Expert Witness.

The *Amer. Lancet*, June, 1889, says that Dr. W. H. Mays, of San Francisco, Cal., was lately summoned as an expert to San Barnardino, a distance of a thousand miles. He was compelled to leave his business, regardless of the injury to his interests, and to those of his patients. Called to the stand, he was ordered to testify without fee, and upon refusing he was committed to jail. Let it be remembered he was not summoned as a witness to facts of which he was cognizant, but as an expert, to give the court the benefit of his knowledge and skill in unraveling the intricacies of a certain case. At this distance, it seems to us that justice in this case was the worst of tyrants. We trust that the doctor and his friends may be able to change the ways of California courts. The matter being placed before the California State Society, as one man it decided to make Dr. Mays' case its own and contest the matter to the end.

NEWS.

—Sixty cases of typhoid fever were recently reported in Wilkesbarre, and an epidemic was feared.

—Dr. D. A. Cheever, who has resided in Peoria, Ill., since the war, is going to take up his residence in Champaign of that State.

—Dr. J. F. Fox, formerly of Troy, but now a resident of London and a member of Parliament, will take up his residence in this country again, either in New York or Albany.

—Cairo (Ill.) has erected a handsome monument to the memory of Dr. Roswell Waldo, at Mound City, in recognition of his services in the yellow fever epidemic in 1878.

—A German Odontological Society has recently been organized in Berlin under the presidency of Professor Busch. It will hold a general meeting and five scientific sittings every year.

—Dr. T. W. Battle, an old and highly respected physician of Columbus, Ga., died at his residence Sunday, June 16, after an illness of considerable duration. Dr. Battle was 73 years old, and left a wife and eight children.

—Dr. J. H. Phillips, of Preston, Minn., has been appointed a member of the State Board of Health, in place of Dr. Hand, of St. Paul, deceased. Dr. Phillips is a popular physician and was a member of the last legislature.

—Professor E. von Bergmann has lately been appointed Surgeon-General of the First Class *à la suite* in the Prussian Army (Sanitary Corps), with the rank of Major-General: and Professor von Esmarch, of Kiel, has had a similar distinction conferred on him.

—Dr. Louis Frank, Resident Graduate of the Louisville City Hospital, has resigned that position and has been succeeded by Dr. Chas. B. Smith, of Millersberg. Dr. Frank and wife start at once for Strassburg, Germany, where the doctor will take a two years' course in medicine.

—The Brooklyn Throat Hospital, a new institution incorporated a few months ago, was formally opened Wednesday, June 19. There were a great many prominent physicians present. After thoroughly inspecting the hospital, which is located on the corner of Bedford Ave. and Fifth St., the guests adjourned to Hotel Bosworth, where dinner was served followed by speeches.

—At a recent meeting of the county medical society of Dansville, N. Y., a tribute to the memory of the late Zara W. Joslyn, who died April 25, was read. Dr. Joslyn was born in Cayuga, N. Y., Nov. 6, 1815, and was graduated at Castleton, Vt., Medical College in 1842. He was very much respected.

—Dr. Isaac W. Martin died June 20 at his residence at Des Moines, Iowa, after an illness of three weeks. Dr. Martin was born in Tippecanoe County, Indiana, Nov. 11, 1838. He has been county physician and was for a time connected with the medical department of Drake University. He leaves a wife and one son. He was a prominent society man.

—The members of the Rochester Pathological Society held their annual election of officers at the Genesee Valley Club House, Rochester, N. Y., Thursday evening. Dr. Benjamin Wilson was elected president, Dr. E. F. Dow, vice-president, and Dr. Ogden Backus, secretary. Dr. E. W. Mulligan, the retiring president, read a paper on "Microscopy in Medicine."

—The *British Medical Journal*, June 15, states that Professor Löwenthal, who has lately made experiments on the action of salol on cholera bacilli in Professor Cornil's laboratory, in Paris, has received a special mission from the French Government to proceed to Tonquin, in order to study the effects of salol on cholera patients. Professor Löwenthal is for this purpose nominated a navy medical officer *à titred' étranger*, but is allowed full liberty of action. This is the first time that the French Government has selected a member of another nation for such a post, and it well indicates the tendency of science to draw nations nearer together.

HUMOR.

The conversation turned upon a certain gentleman who is not what you may call a brilliant speaker. "He has only three faults," a friend apologetically remarked: "first, he reads his speeches; second, he reads them badly; third, they are not worth reading."—*La Caricature.*

Miss Grace—"Peculiar costume for a man to wear, isn't it?"

Uncle George—"Yes; but do you know that at one time the men of the United States wore dresses?"

Miss Grace.—"Why, no. When was that?"

Uncle George—"When they were infants."—*Harper's Bazar.*

A Question of Authority.—A professor of medicine who was dangerously ill told the colleagues at his bedside that according to his diagnosis he could not live longer than three days. After three days, however, he began to mend, and his wife spoke to him in a hopeful strain. But the professor interrupted her angrily with the words: "Don't talk to me in this way; I must die; do you want me to make myself ridiculous?"

OBITUARY.

ELLWOOD WILSON, M. D.

Dr. Ellwood Wilson, a well-known obstetrician of Philadelphia, died July 14, at his country seat, Mardon, near Wawa, on the Baltimore Central Railroad. Dr. Wilson's death was sudden, and was due to collapse due to an overworked system and the effects of an injury he sustained years ago from a fall. He was born in Bucks county, Pa., February 4, 1822. After acquiring a fair knowledge in pharmacy, as an apprentice of Mr. Edward Parrish, Dr. Wilson attended lectures at the Jefferson Medical College, was graduated in 1845, and began practice in Philadelphia. From the beginning he made obstetrics and the diseases of women his specialty. Dr. Wilson was one of the founders of the Nurses' Home, since known as the Philadelphia Lying-in Charity, and was President of that institution at the time of his death. He was also one of the Trustees of Jefferson Medical College for ten years before his death. He was one of the foremost and persistent advocates of the erection of Jefferson Hospital, and he collected a large part of the funds to erect the building.

Dr. Wilson was connected with a number of medical institutions and societies, including the American Gynecological Society, the American Medical Association, the State and County Medical Societies, the Philadelphia Obstetrical Society, Philadelphia Pathological Society, and the Academy of Natural Sciences. He leaves a widow and five children—four sons and a daughter. Of his sons three are physicians: Dr. James C. Wilson, Dr. Charles Meigs Wilson, Dr. William Reynolds Wilson.

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COMMUNICATIONS.

ŒDEMATOUS DISEASE OF THE UPPER AIR PASSAGES.[1]

BY CARL SEILER, M.D.,

PHILADELPHIA.

For over three years past I have observed a large number of cases which exhibited unusual symptoms, both at the commencement of the disease and during its course. As the disorder finds its expression, as far as I have observed it, mostly in the upper air passages, I may be pardoned for bringing it to the notice of this Section, although it belongs perhaps more properly before the Section on Practice of Medicine. I must also apologize for the delay in reporting my observations, which delay was caused first by the fact that at the last meeting of the American Medical Association I learned that my esteemed friend, Dr. W. C. Glasgow, of St. Louis, had made similar observations, and was preparing a paper on the subject, and so I did not want to anticipate him; and, second, I was desirous of getting a better insight into the nature of the disease by further observations. I now feel that I have collected sufficient data to warrant me in calling the attention of the profession to this very prevalent and peculiar disease in a more detailed manner than I did a few months ago in a short verbal communication to the Philadelphia German Medical Society, and again in the third edition of my "Handbook on Diseases of the Throat and Nose."

I will not presume to give a name to this apparently new disorder, nor can I give any reasonable cause for its epidemic appearance, nor for its widespread geographical distribution; all I can do is to describe the symptoms as I have observed them in many cases and the result of the treatment instituted to combat them.

The symptoms exhibited by what I consider to be a typical case of the disorder are as follows: The patient, apparently in perfect health, is suddenly attacked by a severe pain of a neuralgic character, most commonly in the back, shooting upward toward the neck and apparently through the trunk to the chest. Less frequently this pain is described as a severe otalgia, or it takes the form of severe pains in the arms or legs. Only in a very few cases the patient stated that he had had a chill. This pain usually lasts from six to twenty-four hours, and then disappears; although I have seen one or two cases in which the pain lasted for weeks. During this period of pain no rise in temperature and no acceleration of the pulse is observed; but the patient complains of extreme weakness.

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[1] Read at the meeting of the American Medical Association, at Newport, June 27, 1889.

The next symptom complained of, in the majority of cases which I have seen, is a sore throat. The latter on inspection shows the mucous membrane of the pharynx, velum palati and pillars to be swollen and of a yellowish-red hue, with here and there streaks of a lighter color. The tonsils appear enlarged, and are often covered with patches of a thin white film, which closely adhere to the mucous membrane, and may remain unchanged for days and even weeks. There is none of the intense redness of the mucous membrane which is seen in ordinary acute pharyngitis and tonsillitis, and in diphtheritic or croupous inflammation. An incision into the apparently œdematous swelling of the mucous membrane gives vent to no serum, but to a straw-colored, tenacious, mucoid material, which can be drawn out in threads of considerable length. In a few cases I have seen similar swelling and patches of pseudo-membrane extending to the larynx; and in one case the only part affected was the subglottic cavity. I have also seen these lesions in the naso-pharynx and in the anterior nasal cavities. A removal of the pseudo-membranous patches disclosed no ulcerated surface beneath, but it may cause slight bleeding of the spot thus denuded. They are at first quite thick, and remain for a long time—in one case seven weeks; but they become gradually thinner, until at last they greatly resemble a mucous patch on the mucous membrane. They never become discolored, and do not turn up at the edges, and are never spontaneously dislodged and thrown off. An incision does not decrease the swelling of the mucous membrane.

The patient complains usually of only comparatively little pain in the throat, and deglutition is not as difficult and as painful as might be supposed. The dyspnœa in the laryngeal cases which I have seen has not been very pronounced; yet there is an anxious expression of countenance, as of impending evil, and a dulness of the eyes which is quite characteristic.

In many other cases, however, the mucous membrane of the upper air passages is not affected, and the focus of disturbance seems to be located in the alimentary canal or in the mucous membrane of the bronchial tubes. In the first instance symptoms of gastric or intestinal catarrh show themselves, which often closely resemble those of typhoid fever. As a specialist I have seen but few cases of the latter class; but Dr. Glasgow has seen quite a large number of cases of the abdominal form; and Dr. L. M. Hildreth, of Lyons, Nebraska, states in a letter on the subject that in about fifty per cent. of the cases observed by him (nearly 200 in all) the mucous membrane of the upper air passages was the focus, while in the other cases no signs of tonsillitis or pharyngitis were present.

Together with the appearance of the lesions in the mucous membranes a rise in temperature is noticed, which not infrequently runs up to 104°, while the pulse is but slightly accelerated, rarely going above 100. The diurnal exacerbations of temperature occur usually in the middle of the day and night, and the fluctuations between the highest and lowest temperatures are very slight, usually not more than one degree. Together with the febrile symptoms loss of appetite is noticed, and the bowels usually become constipated. The back part of the tongue is furred with a yellowish fur, but remains moist, while the tip and edges are usually clean.

The debility increases from day to day until, in the severe cases, the patient is so weak that he cannot turn over in bed or move his arms. At the same time—that is, about the third or fourth day from the onset of the disease—the glands nearest the seat of the focus of irritation become involved, so that in the pharyngeal form the submaxillary and parotid glands are swollen and hard, and gradually the whole chain of lymphatic glands down the neck become involved. In some cases suppuration of some of these glands ensues.

I have not been able to observe any definite duration for these symptoms, as they gradually disappear in different cases at different intervals of time from the onset of the disorder; but the tendency is toward a recurrence and an indefinite duration of the weakness of the muscular system. In a few cases of the abdominal form I have noticed a continuance of the rise in temperature after all other symptoms had disappeared, and after the pulse rate had returned to its normal standard.

Convalescence is usually very slow, the patient gaining in strength only very gradually, and it often requires many months before his health and vigor are completely restored. The tendency of the disorder is toward recovery or a chronic continuance of some of the symptoms, rather than toward a fatal termination; although I have met with two cases of death in about five hundred cases, and Dr. Glasgow has met with a greater number. He was fortunate enough to be able to get *post-mortem* examinations in some of his fatal cases at the St. Louis Hospital. He found that the only lesion which he could discover was numerous ecchymoses on the surface of the intestinal mucous membrane; there was no sign of ulceration or enlargement of Peyer's patches. In the two cases which died under my observation I could not obtain the consent of the family to make a *post-mortem* examination; but the immediate cause of death, to judge from the symptoms immediately preceding it, was heart failure.

Careful examination of the urine in a large number of cases showed no trace of albumin nor any abnormal condition of the fluid. In no case have I observed any sign of paralysis following the pseudo-membranous exudation upon the mucous membrane of the tonsils, pharynx or larynx. I have observed, however, numerous cases of what seems to be a chronic form of the disorder, which exhibited symptoms slightly different from those of the acute form, inasmuch as there was no swelling of the mucous membrane, and no patches of pseudo-membrane; but there was a peculiar yellowish-red hue, visible especially on the velum, pillars, and posterior wall of the pharynx. The most prominent symptom in these cases is extreme weakness and lassitude, together with a slight elevation of temperature and a tendency to neuralgic pains after even the slightest exposure to cold or draughts of cold air. In those cases in which there is a tendency toward relaxation of the nasal turbinated tissue, occlusion of the nasal breathing channels occurs after the slightest mental or physical exertion. Constipation alternates at irregular intervals with slight diarrhœa and somnolency with insomnia. A very peculiar feature is that, in these chronic cases which may have lasted for months, we may see an outbreak of the acute form, with all the symptoms described before. Dr. Bermann, of Washington, has observed two such cases of this recurrence of the acute disorder after several months' duration of the chronic form.

As far as I have been able to learn by private information and from cases studied with medical friends the disorder has been observed in every portion of the United States, from Maine to Washington Territory, and as far south as New Orleans; and it is not more than three years since it was first observed.

The etiology of this disease, which undoubtedly seems to be epidemic, because of the large number of cases observed by individual observers in different localities during a short space of time, is as yet unexplained. Owing to the failure to obtain any definite results from culture experiments, at least in Philadelphia, I will not venture to express an opinion as to the nature of the disease, except that I am convinced by clinical experience that it is infectious but not contagious.

In regard to the treatment of these cases, very little is to be said. My experience has been that all the drugs usually prescribed in cases similar in nature, together with topical medication, are useless or even worse. Quinine, digitalis, aconite, antipyrin, salicylic acid, iron, chlorate of potash, etc., all have either no effect or increase the discomfort of the patient. The only drug which I have used for the last year, at the suggestion of Dr. Glasgow, is benzoate of soda, and it has proved in my hands almost a specific for the disorder. Five grains of the benzoate of soda, given every hour, with a tablespoonful of whiskey or brandy every four hours, and absolute rest will, as far as my personal experience goes, break up an attack of this disease within forty-eight hours from the onset, and restore the patient to perfect health. In the chronic cases the patient rapidly improves under such treatment. As the benzoate of soda in oft-repeated doses has of late been recommended by some German writers as a specific for diphtheria, it is possible that the disorder in question exists also across the ocean, and has there as well as here been mistaken for diphtheria; for in several cases of undoubted diphtheria under my observation the drug was absolutely of no avail.

To sum up, the symptoms of the cases observed by me have been:

1. Neuralgic pains, usually in the back and chest, and often in the head, ears, and limbs.
2. Extreme debility.
3. Mucoid infiltration of the sub-mucous tissue and the formation of thin white pseudo-membranous patches on the surface of the mucous membrane.
4. Absence of febrile symptoms at first, and later high temperature and relatively low pulse rate.
5. Absence of albumin in the urine and liability to heart failure.
6. Gradual melting away of the pseudo-membranes, and the absence of any odor from them.
7. The wide distribution in this country and the infectious but not contagious nature of the disorder.
8. And, finally, the specific action of benzoate of soda in relieving all symptoms promptly.

Since writing the above, I have learned that Dr. Glasgow has read an exhaustive paper on this subject before the late meeting of the American Laryngological Association, in Washington. But as I was unfortunately prevented from being present at that meeting I am not able to quote from his paper, but am obliged to let this paper stand as the record of independent observation on my part.

ANTIPYRETICS: ANCIENT AND MODERN.

BY ERNEST C. HELM, M. D.,
BELOIT, WIS.

From the earliest times constant efforts have been made by physicians and by the laity to reduce the temperature in cases of fever or inflammation, such reduction being justly considered of great importance to the welfare of the patient. Many crude and fanciful methods have been employed to secure this desirable end, but of the host of remedies tried few have stood the tests of time and experience. Water alone has had its staunch supporters in every age. Though through the efforts of the "hydropathists" it had fallen into some disrepute, yet regular practitioners have again championed water, and as an antipyretic it is now used more freely than ever before.

Galen used emetics and warm baths, while Asclepiades placed most reliance on enemata, blood-letting and bathing, rarely using emetics.

Soranus and Cassius preferred sodorifics and warm baths. In the seventh and eighth centuries, the Arabian physicians relied mainly on purging and bleeding. During the early part of the present century vascular depletion was relied upon more than anything else. Refrigerants were largely used, especially the nitrates of soda and potassa, the various neutral salts, and the mineral acids. The diuretics, notably sweet spirits of nitre, acetate of ammonia and chloric ether also found favor, and are used frequently now.

External refrigerants have been growing in popularity for the past century, and, in fact, have been used for ages. The ancients advocated sponging with cold spring water, the use of cold affusions and of evaporating lotions, much as we do; though I cannot find that they used the ice-cap or the cold wet-pack.

Antimonials and mercurials, once in such favor, have fallen into disrepute. Copland in his "Dictionary" (1846) to which I am indebted for part of the foregoing, mentions that "Purgatives are the most generally prescribed medicines in fevers in this country, and are, at least, among the most useful when judiciously selected." He especially recommends calomel and James's powder, with jalap, cream of tartar, and the various saline cathartics. Diaphoretics as calomel, antimony, opium, and ipecac, or the stimulating diaphoretics as camphor, serpentaria, ammonia, and arnica are highly valued by Copland, while he considers diuretics of little value, except as adjuncts in certain cases.

Since the use of the clinical thermometer has become so universal, the attention of the profession has been more largely directed to the study of high temperatures, and to efforts to reduce pyrexia than ever before; and, as might have been anticipated, a host of new remedies have been spread before us. Some are of great value but are not safe; others are of doubtful utility or are useless; but their claims are so loudly vaunted by those interested in their sale or manufacture that it is no small undertaking to try to separate the good from the bad.

Aconite, digitalis, and veratrum viride have come to stay, and their action is so well understood, or at least their clinical advantages are so clearly mapped out, that they are not as often abused as formerly. The salicylates have been pushed, often to dangerous limits, yet not so frequently now as they were a few years ago. Quinine has stood the test pretty well, and often avails when all other means fail; yet it has its well-known disadvantages and dangers. Resorcin, antipyrin, acetanilid, and phenacetin are just now in great favor, and yet even now the medical journals warn us of their dangers. That none of them meet all the requirements of the case is shown by the statement just appearing, that "several remedies chemically and physiologically analogous to antipyrin are about to be brought to the notice of the medical profession."

Several of the new antipyretics, notably antipyrin, have the name copyrighted, thus making the price to the physician and druggist, and through them to the sick, much greater than their actual cost. Such extortion is wicked, but the remedy is in our own hands. We practised before without this copyrighted and patented article, and we should do so again.

Ice-cream has been used with considerable success, furnishing as it does a cooling and nutrient food. Ice, internally and externally, and the wet-pack, or tepid, cool or cold baths, are reliable antipyretics. It is imperative in certain cases of hyperpyrexia to speedily reduce the temperature to near the normal standard. Whatever will do this the most rapidly, with the greatest certainty, and with the least danger or discomfort to the patient, will be the ideal antipyretic. Water has been used from the most ancient times, and is probably still our safest, promptest, and most reliable agent to reduce temperature. It is often difficult to use it, and there are objections to the frequent use of the wet-pack, or even to too frequent bathing, as they often needlessly disturb and worry the patient. One method that is frequently used by persons in health when over-heated, seems to me well worthy of trial in fever. I refer to letting a stream of cold water run over the inner surface of one or both wrists. This apparently simple expedient is a powerful antipyretic, and will require close and intelligent watching, for at the surfaces mentioned the large radial and ulnar arteries are so nearly subcutaneous that it is possible, by means a long-continued stream of cold water, to speedily reduce the blood heat to far below normal. The use of this method promises much if intelligently handled. As the blood at the wrists is so far from the heart, the danger of sudden chilling of the blood and interior organs is not great; nevertheless, until this method is fully tried, it is well to use it with caution. The patient's hand can be held over a pan outside the bed and a stream of water of the desired temperature can be made to flow continuously over the wrist from a fountain syringe, or by means of a syphon. For fevers of moderate severity ordinary drinking water will be cold enough, and only one wrist need be used at a time. If there is hyperpyrexia, both wrists may be subjected to a current of ice-water. Careful watch of pulse and especially of temperature should be kept, and as soon as the heat begins to subside, the water should be withdrawn. If records were kept showing how rapidly this means usually reduces temperature it would be of service to the profession, for it would tell approximately how long the flow should be continued. Until the matter is more fully investigated, it is probable that the cold water application should continue but a few minutes, except in cases of such high temperature that the patient is in imminent danger of death from its continuance alone.

This method may be old, but I have never heard of its use to reduce fever-heat, nor have a number of physicians with whom I have conversed on the subject.

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—The naturalist, Eduard von Homeyer, who died at Stolp lately, aged almost eighty, was one of the most prominent ornithologists in Germany. He was an agriculturist, and occupied himself with ornithological observations, at first as a pastime only, but afterwards, and especially in the latter years of his life, he devoted himself entirely to scientific ornithological studies. His first observations were made on the birds of his native Pomerania, and he published the results about fifty years ago. His chief work is "The Wanderings of the Birds." In 1884 he, together with Hazek and other naturalists, undertook to compile an exhaustive work on the various species of birds. He was a most zealous collector, and his collection of birds is reputed to be the largest in the world.

TREATMENT OF SCARLET FEVER.

BY J. B. JOHNSON, M. D.,
WASHINGTON, D. C.

The characteristics of scarlet fever are so familiar that a description of its varieties is scarcely requisite in a brief article like this. It is much more easily described than treated; and I think it will not prove uninteresting to the younger medical readers of the REPORTER, to give the treatment of this disease, which has proved most successful in my own hands. It is a notion among the lay portion of the community, that scarlatina is not scarlet fever, but a mild disease of the skin resembling it. I always correct this mistake, and tell parents that scarlatina is the Latin word for scarlet fever; and that it means exactly the same thing. This disease has no premonitory symptoms; it comes on at once with fever, vomiting, quick pulse, red tongue, sore throat, and redness of the skin about the face and neck. It pursues a rapid course until the whole skin of the body becomes involved in the characteristic redness which has given to the disease its ordinary name. The throat must be carefully examined to ascertain the extent of its inflammation, and the general condition intelligently estimated in order to form a diagnosis in reference to the variety of the disease.

Simple scarlet fever needs little if any medication; while the malignant is so rapid and destructive in its progress that medical science has not yet devised any plan for its care, beyond a vain attempt to keep the heart in motion, and by stimulants to sustain, if possible, the quickly failing powers of life. Fortunately, it is far different with the anginose variety; for this both affords opportunity for, and also demands wise and proper treatment. When judiciously treated, it can be made to run a safe and timely course. At the very beginning of the disease, I have the patient isolated entirely from the rest of the family, and allow no article of furniture or clothing to remain in the room which is not absolutely requisite to the comfort of the patient. In this way I have often attended scarlet fever in a family of five or six children, and not only prevented the general spread of the disease, but also confined it entirely to the child first attacked. Complete isolation of the patient is the only sure way to prevent the spread of scarlet fever; and I make it a rule not to allow the nurse to leave the room and mingle with the family without first changing her outside clothing. Under this management, I have not only prevented the spread of the disease, but have, as a rule, conducted my patients to a timely convalescence without any of the sequelæ of the disease. While I have the patient's room well ventilated, I also have him well guarded against the effects of changes in the weather; and I always warn parents that they cannot expect their children, recovering from scarlet fever, to be entirely out of danger until after the fifth or sixth week following recovery.

I usually commence my treatment with the administration of the following mixture:

℞ Potassii iodidi,
Potasii chloratis . . . . āā ʒj
Syrupi . . . . f℥j
Aquæ destil . . . . f℥iij
Tincturæ Digitalis . . . . fʒss

M. Sig. Shake well. Dose, a teaspoonful to an infant or child every hour.

This mixture, I have observed, not only controls the inflammation of the throat, but also prevents swelling of the glands about the angles of the jaws and neck. Should the bowels be sluggish or constipated, I usually give one grain of calomel with one grain of powdered rhubarb every three hours until the bowels are well moved. In order to relieve the itching and heat of the skin, I have the patient well anointed, once or twice a day, with vaseline. In some cases, the pruritus is very distressing, and to relieve this I have found nothing equal to the internal use of the bromide of ammonium. I give it in the following manner:

℞ Ammonii Bromidi . . . . ʒij
Aquæ Menth. pip . . . . f℥iij
Syrupi . . . . f℥j

M. Sig. Shake well. Dose, from one to two teaspoonfuls every hour or two, to an infant from two to six years old.

This mixture relieves the pruritus with great promptness, and allays in an efficient manner, the nervous excitability and induces sleep. Relief to the pruritus and nervousness attending upon the disease is exceedingly important to the patient. During the progress of the case, I direct all soiled linen or clothing to be taken from the patient, and placed in a tub of cold water, preparatory to washing; and as soon as desquamation begins, I have the patient well bathed in water as hot as he can bear it. After being in the bath four or five minutes, I have him well dried, and his body thoroughly rubbed with a warm solution of carbolized water containing five or ten grains of carbolic acid to the ounce of water. This rubbing of the body with the warm carbolized water I have repeated daily, until the process of desquamation is completed. I advise the parents not to allow their child, when recovering from scarlet fever, to return to the companionship of his playmates before the expiration of four weeks after leaving his bed.

A VARICOCELE SPRING-TRACTOR.

BY A. B. HIRSH, M. D.,

ORTHOPEDIC SURGEON (ADJUNCT) PHILADELPHIA POLYCLINIC.

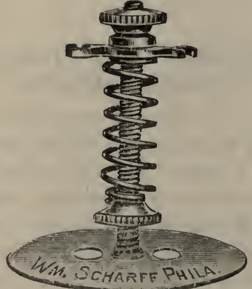
The objections to the older plans of radically treating large varicoceles are self-evident, the really satisfactory ones being by galvano-cautery or by subcutaneous ligature, alone or combined with spring-traction.

Celsus's open ligature of the vessels was apt to be followed by septicæmia. Breschet's cure by compression left at times considerable sloughs of the surface, and is, therefore, deservedly obsolete. The hypodermic injection of iron solutions, as proposed by Maisonneuve, always carries with it the possibility of perforating a vein, with subsequent embolus. As for occluding the enlarged vessels by "pinning," with or without figure-of-eight external ligatures, it is uncertain in its results, and there may be extensive scrotal hemorrhage, or too much irritation caused by presence of the pins, with resulting hydrocele or even purulent reaction. Ricord's subcutaneous ligature allowed entrance of septic fluids, while the thread was somewhat difficult of removal afterwards. The soft rubber ligature with a metallic clamp is liable to produce a slough, if not carefully watched. The galvano-cautery produces quite a good result, but its use is open to the objection that the operation must be performed in the office, as the battery is not always in working order and its bulk interferes with handy transportation. Excising the veins or a portion of the scrotum is a procedure of such seeming importance that, even aside from the danger and time lost, few patients will submit to it, outside of the hospitals.

Subcutaneous ligature by wire, silk or gut, under careful asepsis, does not give a positive result, either. Slipping of the knot within the scrotum, after cutting the ends, at times renders a second operation necessary.

In several recent cases I sought to bring about an early occlusion of the enlarged veins by continuous elastic traction, and the instrument devised for the purpose, which from its action I have named the "spring-tractor" and described below, combines the objects aimed at by both Partridge and Wood. The latter passed a wire around the veins and attached it to a spring, while Partridge surrounded them with a silk ligature, passing the ends through two holes in each of two plates of a small silver instrument, tightening it daily by a screw, thus producing much pain.

To the centre of a thin circular base, one inch in diameter, is soldered an upright which is one and a half inches long, and has cut upon it a thread on which travels a cross-bar. A spring surrounding the upright post forces the bar away from the post, its tension being regulated by an adjusting-screw below, while a set-screw retains the cross-bar in position. As the instrument is made of nickeled brass, can be taken apart and thoroughly cleansed, a perfectly aseptic operation can be made.



Reference to the illustration serves to explain its application. The patient standing erect, the veins are surrounded by a No. 14 silk ligature, the ends of which pass out of the same aperture in the scrotum but separately enter one of the two holes punched in the thin base, thence being loosely fastened in the niche cut on each end of the cross-bar. To prevent lateral motion, a vertical groove is cut on the upright, in which slides a pin fastened to the bar, this having been previously screwed down tight.

Anæsthesia is now induced to the first stage, when six or eight layers of sublimate gauze are folded around the scrotal orifice, the tractor then being fastened tightly by loosening the set-screw. The patient remains in bed for about a week, and each day tightens the upper or set-screw, to insert clean gauze after irrigating with an antiseptic solution; it is then unscrewed to allow of greater traction than before by the spring, thus almost altogether avoiding the pain of Partridge's method. The instrument and scrotum are enveloped by antiseptic dressings and thus produce

1. Perfect asepsis.
2. Comparative avoidance of pain, and
3. Complete division of the veins in a very few days.

The original models were made after my suggestions by Mr. William Scharff, a practical mechanician of this city, whose aid I wish here to acknowledge.

No. 1730 Girard Avenue.

SOCIETY REPORTS.

NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated Meeting, June 17, 1889.

The *President*, CHARLES S. WOOD, M. D., in the Chair.

DR. EDWARD G. JANEWAY read a paper on

The Diagnosis and Treatment of Basedow's Disease.

His remarks, he said, were not intended to include the whole range of the disease, upon the main features of which he presumed that all present were sufficiently informed; but from his personal observations in a considerable number of cases, he trusted that he might be able to add something of practical interest in the direction indicated in the title announced. When well developed and presenting all the marked features characteristic of it, Basedow's disease could be at once recognized by any one; but the case was very different in the incipiency of the affliction, or when some of the characteristics are rather obscure.

At the beginning the general state of the patient's health was sometimes more apt to strike the physician, and sometimes perhaps to lead him to give a wrong name to the malady. Of the three terms most commonly used to conceal the absence of definite knowledge regarding the disease present in more or less obscure cases: neurasthenia, malaria, and lithæmia, the two former were occasionally applied to this disease. As regards neurasthenia, the presence of nervous debility gave some ground for its use, while in other cases the patient not only grew weaker, but had a sense of heat, or even actual elevation of temperature, thus making the diagnosis of malaria plausible. The adoption of either of these terms, however, was of sad import for the patient; for the treatment appropriate to these conditions would not subdue Basedow's disease.

Dr. Janeway said he had known even a supposition of phthisis to exist, on account of the emaciation, loss of strength, and sense of warmth present, sometimes in connection with a cough due to an inter-current cold, or to congestion dependent upon enfeeblement of the heart. In such cases the goitre pressed on the larynx and trachia, causing congestion of these parts, while the enlarged heart caused some congestion of the lungs, and of itself produced some dulness. Moreover, from these causes a modification of the inspiration occurred, and patients with advanced Basedow's disease had been thought to die of phthisis, when none was found at the post-mortem examination.

Each of the three factors of the disease, exophthalmos, goitre, and palpitation, might be used as a designation of a disease, without having regard to the nature of the process. It was not uncommon for the exophthalmos to be overlooked by the patient, and his friends, owing to its gradual supervention. Graefe's diagnostic rule, that the upper lid does not follow the eye-ball, as in the normal state, in looking downwards, was not a certain criterion; for we might not find it in cases in which slight exophthalmos existed. Moreover, he had seen it present in one eye and absent in the other. An experienced physician could often detect the exophthalmos when its presence was unsuspected by others; and an excellent test was to ask old acquaintances who have not seen the patient for some time to give their opinion in the matter. It was to be remembered, of course, however, that every case of exophthalmos was not dependent upon Basedow's disease.

The enlargement of the thyroid gland might deceive by its presence, or mislead by its apparent absence. In the milder cases the slight growth, or vascular engorgement, of the thyroid (the patient having meanwhile grown thinner), might keep the neck of only normal fulness. Attention, however, to the condition of the circulation in the neck would serve to prevent misconception. Even when the thyroid was but little enlarged, the peculiar vascular turgescence, arterial thrill, and arterial and venous murmurs could be made out. Where the thyroid was enlarged the thrill was particularly noticeable in the superior thyroid arteries, which, when this was not the case, he had felt it rather in the carotids themselves. Basedow's disease had sometimes been mistaken for aneurism, on account of the enlargement, thrill and accompanying murmurs; and this was particularly apt to be the case when the enlargement was predominantly on one side. An occasional case would present the difficulty of deciding whether the disease was an illustration of parenchymatous goitre, accompanied by palpitation, or belonged more to Basedow's disease.

The condition of the heart might be misleading in several ways:

1. Basedow's disease may complicate organic heart disease of pre-existent date.

2. At times it becomes difficult to determine whether a murmur of mitral insufficiency is due to an old lesion or is dependent upon muscular incompetence, or relative insufficiency of the mitral valve. Dr. Janeway said he had known hearts considerably enlarged, so far as the left ventricle was concerned, and having well-marked systolic murmurs audible posteriorly, yield under treatment to such a degree that the murmur disappeared and the heart returned to a nearly normal size. This constituted one of the greatest liabilities in the way of diagnostic error in cases possessed of moderate goitre and exophthalmos, as the tendency was to consider the case one of incurable cardiac disease.

In certain cases, to which he thought sufficient attention had not been paid, the patient would suddenly fall or have his legs give way under him, but would almost immediately be able to resume the standing position or walk. The question of cerebral or spinal disease might be raised in connection with these; but the rapidity of the occurrence and of its disappearance disproved such a hypothesis. The cases in which he had met with it had been weakened by diarrhœa or vomiting, or as a result of the malnutrition accompanying the disease, and had, under excitement or physical exertion, extremely rapid heart action.

3. As previously mentioned, the congestion of the lungs from the weakened heart may raise the question of phthisis.

4. Cases are met with of palpitation without exophthalmos or goitre, but having, as far as the heart and the general condition are concerned, phenomena identical with those occurring in exophthalmic goitre. He said he had been accustomed to consider such cases allied to Basedow's disease.

As to the condition of the heart in this disease, his experience is that cases occur without any very marked enlargement. Others, however, are met with in which, with an antecedent history of freedom from cardiac disease, hypertrophy with dilatation is produced by the disease. Irritable vomiting is at times a very distressing accompaniment of Basedow's disease, and may even be a cause of death.

The treatment, Dr. Janeway said, must have relation to the condition of the circulation, to the accompanying anemia, and to any coëxisting irregularity in the functions of the body, especially menstrual disorder. It is well to remember, however, that menstrual irregularity may be a result rather than a cause of the trouble. One of the most prominent factors in the treatment consists in finding an agent which will quiet the rapidity of the heart's action. His experience has led him to discontinue the use of digitalis in these cases. Formerly he employed tincture of aconite to a considerable extent, and he had seen good results from it in cases in which, but for the name of the disease, he would not have ventured to use it. As a rule, he has had the best results from the continued use of small doses.

Of late, however, he has employed the tincture of strophanthus in doses of five minims three times a day, gradually increased if necessary. Of eight cases in which he has used it, he has no information of the results in three. In two a cure has occurred; the only other remedy employed being iron. In one other, complicated with mitral insufficiency and considerable dilated hypertrophy of the left ventricle, there was a cessation of the palpitation and a considerable improvement in the heart's condition. In the seventh case recovery had occurred; but galvanism was also used. The eighth patient had such irritable vomiting that it was impossible to give the remedy, or even to administer much food, by the mouth; and she succumbed to the exhaustion of the disease and vomiting, after she had passed from his immediate observation. On the whole, the results from strophanthus have been such that he adds his indorsement to that of others as to its utility in this disease. It has succeeded in cases in which digitalis has failed, and he prefers it to aconite as less dangerous, especially in cases in which the heart is somewhat enfeebled. He has tried sparteine in two cases, but in neither did it prove of much service. In one of these aconite, galvanism, and iron produced a marked improvement.

It was formerly his custom in all cases to advise galvanism, in conjunction with iron and some cardiac remedy; but he has had no case of cure in which galvanism was used alone. More recent patients treated with strophanthus and iron have recovered or improved as rapidly as the cases in which galvanism was formerly employed; and such results naturally raise the question if the good results obtained when galvanism was used were not in reality due to the cardiac remedy employed at the same time. Personally, he has not used atropia, though he has seen cases in which it has been used, but without favorable result. Rest, both physical and mental, is a necessary adjuvant in the treatment; as well as the avoidance of worry and emotional excitement.

It is reasonable to suppose that the condition of the circulation in this disease tends to produce the restlessness, often associated with insomnia, met with in some cases; and in some of these it will yield to the ordinary treatment mentioned. Sometimes additional remedies are required, and in one case he has used sulphonal with good results. Formerly choice had to be made of the bromides, morphia (or preferably codeia), and chloral, or the use of the wet-pack or bath. Iron is not invariably necessary, but is usually indicated by the coexisting anemia. Attention should be paid to the condition of the nutrition, as evidenced by the appetite and general feeling, and by the weight of the body; and whenever this is at fault appropriate measures should be employed to secure an improvement. In conclusion, he said that confidence on the part of the physician, that he could produce an amelioration in his patient's condition was of decided benefit to the patient. Moreover, it has seemed to him that hospital and dispensary patients were less amenable to treatment than those in the better walks of life. Where fright or worry is a prominent factor in the production of the disease it certainly does not add to the efficacy of the treatment to have a patient surrounded by the sick and dying.

Dr. N. J. Hepburn in opening the discussion, said that he felt greatly indebted to Dr. Janeway for the practical points which he had given from his rich personal experience. He thought that not infrequently cases were met with in which the ordinary symptoms were absent. Only that day he had seen a case in which the only sign of the disease was a slight enlargement of the thyroid. There was no organic heart disease, but a murmur could be distinguished which was probably anemic in character. The trouble had lasted about ten months, and very little treatment had been resorted to. The patient's first question was, "Can I get well?" and he thought this was a difficult question to answer. In regard to the treatment, he said he was afraid that we should always be more or less in the dark until the true lesion of exophthalmic goitre was discovered. As to this lesion, it had by some been supposed to belong to the cervical sympathetic. A recent writer in one of the English journals, however, asserted that the trouble was located in the fourth ventricle, and that the cervical sympathetic was perfectly healthy in this disease. It seems possible, however, that there may be some reflex irritation connecting the two lesions. The multiplicity of remedies which have been employed in Basedow's disease, he thinks, is an indication of the obscurity of the pathology.

Dr. Alfred L. Carroll said that his experience with this affection had not been large, but was large enough to teach him that we need not only a better treatment than we now have, but also a better clinical history of the disease than any of the text-books give. He thinks it probable that there is a certain number of cases which recover and which are never recognized by the physician as cases of exophthalmic goitre. The circulatory troubles are usually the first to be noticed. In all the cases but one that he has seen there was, as a starting-point, a shock or fright; some sudden disturbance lighting up the train of symptoms which are recognized as constituting Basedow's disease. In one case, that of a lady, the trouble was caused by the news of the sudden death of a favorite brother.

Dr. Carroll presented sphygmographic tracings from three cases in which recovery occurred, the tracing in one instance being nearly normal, and in the other two showing marked disturbances of the circulation. In the treatment, he has derived no benefit from galvanization of the cervical sympathetic, formerly so much in vogue; but he has found veratrum viride of considerable service. He agrees with Dr. Janeway as to the inefficiency of digitalis in this disease.

Dr. J. P. Oberndorfer related a case which he had under observation for about two years. For the first two or three months he employed galvanism alone; but, finding no improvement result, he then abandoned it. No benefit was derived from digitalis either, and the only thing which seemed to do any good was opium, or rather morphia. This retarded the rapidity of the pulse, and strengthened its force; but the patient finally died from an uncontrollable diarrhœa.

The President said that, as had been mentioned in the paper, in some of the cases the disease abated without any known cause. Some years ago he had seen a case of Basedow's disease, in which the patient was attacked with pneumonia. He was treated with antimony in conjunction with Dover's powder, and after the pneumonia cleared up the exophthalmic goitre became markedly diminished and did not again increase in severity.

Dr. Janeway, in closing the discussion, said that certain points had been brought up by some of the speakers which he did not allude to in the paper. He said nothing about the pathology, for the reason that this is involved in so much obscurity. In some of the cases in which autopsies were made the cervical sympathetic had been found entirely normal, which certainly disproves the hypothesis that the lesion of Basedow's disease is located in this portion of the nervous system. More recent investigations seem to show that the trouble originates, either directly or indirectly, in the medulla oblongata. As to the starting-point of the disease, from a clinical point of view, it would not do always to attribute this to such a cause as fright or emotional excitement. In one of the cases reported in the paper, in which the patient was a lawyer of distinction, there was no fright, no special anxiety, and no mental strain from overwork. In this instance a complete recovery followed the use of strophanthus and iron. It is a well-demonstrated fact, however, that a great many of the cases do originate from fright, worry, or emotional excitement. Hence, the disease is more common in women than in men; though Dr. Janeway has met with a considerable number of cases in males.

He thinks it advisable to avoid, if possible, the use of such agents as opium, as sooner or later the nutrition becomes affected by the drug; and it is of the highest importance that the nutrition should be maintained as perfect as possible. He has met with cases in which strophanthus and other appropriate remedies produced no benefit as long as the nutrition was impaired; but when this had become improved the distinctive features of the disease became rapidly ameliorated under their use. In neuralgias also, and in all chronic nervous diseases, he dislikes to use opium for the same reason. There are, however, certain cases of Basedow's disease, attended with rapidity of the heart's action, in which nothing acts so efficiently in controlling this symptom as opium; and the same is true in some cases of aneurism in the region of the neck.

Dr. J. Lewis Smith said that all the cases of Basedow's disease which he had met with were in women between the ages of twenty and thirty-five. In one case that he recalled, in which all the characteristic signs of the disease were present, and in so marked a form that the patient's appearance attracted attention on the street, a perfect recovery was secured, principally through the use of aconite.

Dr. Smith then read a paper on idiopathic contractions, or

Tetany in Infancy and Early Childhood.

This disease, which has probably always existed, he said, was first brought to the attention of the profession in 1831, by M. Danee, who described it as it occurs in the adult. In the following year M. Tonnelé published an essay on tetany in which he designated it as a new convulsive disease of childhood. Having given a further *résumé* of the literature of the subject, Dr. Smith stated that the term tetany is applied to a disease which is characterized by tonic contraction of muscles, commonly those of the extremities, but sometimes also those of the face or trunk, produced by causes external to the nervous system, and usually of temporary duration. In tonic muscular contractions arising from disease of the brain, spinal cord, or their meninges, or of the nerve supplying the affected muscles, the contractions are not the malady itself, as in cases of tetany, but are merely symptoms of a disease located elsewhere.

Tetany may occur at any age, but is most frequent in infancy, in early childhood, and in early adult life. It is seldom that the most thorough investigation elicits any evidence of inherited predisposition to nervous or other diseases in cases of tetany. Rarely, however, multiple cases have occurred in families; from which he infers that there may perhaps be an inherited neuropathic tendency. Nearly all writers assign the most important place in the causation to diseases of the digestive apparatus. Thus, Trosseau states that in the cases which fell under his observation diarrhœa was commonly present (many cases were met with in 1854, following the appearance of cholera); but in one instance the cause seemed to be obstinate constipation.

In the following case, which he has recently had under observation, Dr. Smith said that constipation also appeared to be the chief cause. George C., seven months old, living in a tenement house; he was taken from the breast at the age of two months, and fed upon condensed milk, with Nestlé's food, once a day. The child was habitually very constipated, so as frequently to require assistance in obtaining an evacuation. Recently groups of muscles in all the extremities have undergone tonic contraction, producing the deformities shown in the photograph presented. He has also had brief attacks of spasm of the glottis, both by day and night; causing for a moment the characteristic stridulous respiration. Otherwise he seems entirely well, though the mother states that at times he is feverish; this probably being due to the constipation. Attempts to straighten the fingers and toes elicits cries of pain, and the mother also says that at times both thighs and both legs are flexed, and that he resists attempts to straighten them on account of the pain. The treatment in this case consisted of bromide of potassium, in addition to measures for the relief of the constipation, and four months elapsed before complete recovery took place. It was noticed that when the treatment was perseveringly employed the contractions gradually diminished and then ceased; but that they returned when it was discontinued. During the four months that the tetany lasted the first tooth pierced the gums.

Erb states that all forms of intestinal disease may cause tetany, but that it especially occurs after protracted and exhausting diarrhœa. Gowers also regards diarrhœa as the chief cause. Dr. Smith has not found any recorded instance in which lumbrici or ascarides caused the contractions; but Gowers refers to three cases in which they were produced by the tape-worm. Remarkable as it may seem, dentition *per se* is but seldom a cause of tetany; but in a case which Dr. Smith related, which he saw in consultation with Dr. E. G. Janeway, teething was regarded, after repeated and thorough examinations, as the chief cause of the trouble. The child was twenty months old, and the gums were found swollen and congested over the crowns of five advancing teeth, which appeared to be in nearly the same stage of development and were evidently soon to protrude. The contractions continued for three weeks, by which time all, or nearly all, the imprisoned teeth had escaped; and after this there was never any return of the trouble.

Tetany is more liable to occur in those whose systems are enervated by preëxisting disease than in those who are robust. Rilliet and Barthez, Erb and Gowers mention a number of febrile affections as a sequel of which tetany is liable to occur; and Gowers also states that in young children attacked by it indications of rachitis are rarely absent. Another recognized cause of tetany is exposure to cold, and hence it has been regarded by some as in reality a rheumatic affection. In infancy and early childhood, however, other causes are apparently much more common than taking cold.

Ordinarily tetany occurs without any marked premonitory symptoms; but in some instances it is preceded by pain in the head or spine, vomiting without any previous indigestion or gastric derangement, and a general feeling of indisposition. Usually, in those old enough to express their sensations, it begins with tingling, burning, or other unusual sensory manifestations. The tonic contractions occur suddenly, and sometimes simultaneously in the upper and lower extremities. Rarely the contractions occur in the upper extremities alone, or in the muscles of the trunk. At first a feeling of stiffness is experienced, and this is followed by the tonic contraction, with the fixation of the affected part in a state of persistent flexion or extension. Usually, as regards the upper extremities, the contraction of the thenar and hypothenar muscles causes hollowness of the palms of the hands; the first phalanges of the fingers are flexed, the second and third phalanges extended, and the thumb adducted and flexed so as to press against the index finger or lie underneath it. The fingers sometimes incline towards the ulnar side, and sometimes are pressed against each other. Usually the hand is slightly flexed, as is also the forearm. The muscles which move the arm usually escape, but exceptionally there is adduction of the arm on the shoulder. The hand may be extended, instead of flexed, and all the points of the fingers extended; or they may all be flexed, and the fist closed.

The thighs may be adducted or flexed, the foot extended, forming a talipes equinus, and the toes flexed. In mild cases or those of ordinary severity the contractions are limited to the muscles of the extremities, and are more marked and persistent in those that move the hands, feet, fingers, and toes than in other muscles; but in some cases the muscles of the trunk and head participate. Contraction of the abdominal muscles produces rigidity of the abdominal walls. Spasm of certain of the thoracic muscles occasionally occurs, causing dyspnœa, and even lividity; and in some of these cases of embarrassed respiration the diaphragm is probably involved. Opisthotonus, retention of urine, anteflexion of the neck from contraction of the sterno-mastoids, fixation of the jaws from spasm of the massetus, retraction of the angles of the mouth, stiffness of the tongue, and indistinct articulation, are occasional symptoms in severe cases.

The contractions render the affected muscles hard and unyielding, and the child cries from pain when attempts are made to straighten the limb. If the spasm is slight, some voluntary movement of the affected muscles is possible, though it is restrained and difficult. In severe cases voluntary motion is impossible. Unless the attack is very mild, pain is felt in the contracted muscles, such as every one experiences when a spasm occurs in the calf of the leg. It may occur in paroxysms with distinct intermissions, or be without interruption, and it may vary at different times, probably from some variation in the degree of spasm. Certain subjective symptoms, such as numbness and tingling, which sometimes occur in tetany, may continue during the intermissions. After some hours or days the rigidly contracted muscles relax, and the disease disappears, except, perhaps, that a degree of stiffness remains. But the respite is usually of short duration. The spasms recur, and several successive recurrences and intermissions take place, usually running over months, before the disease is permanently cured. During the intervals in the contractions the affected nerves and muscles are in ordinary cases unduly excitable; so that sudden pressure or percussion causes some contraction. It was first noted by Trousseau that, as a rule, compression of the artery and nerve supplying the contracted muscles causes or increases the contraction. Dr. Smith said it was an interesting fact that in cases in which he has observed the spasms did not cease in sleep, though, perhaps, the contraction of the muscles was not as great as when the patient was awake.

Gowers, Erb, and others have noticed that the electrical excitability of the nerve which supplies the contracted muscles is increased. When the contractions are strong, œdema sometimes occurs, especially upon the dorsal surfaces of the hands; and Henoch attributes this to compression and consequent passive congestion of the veins. In severe cases perspiration sometimes occurs, and an erythematous redness may appear on the affected muscles. Occasionally in acute attacks the temperature is moderately increased, but ordinarily it is normal. Tetany usually does not affect the internal organs, but in two cases reported by German authors albuminaria was present for a brief time, and in one recorded instance the urine exhibited traces of sugar during the paroxysms. Occasionally, in long-continued cases the contracted muscles undergo a degree of atrophy, which is attended by diminished electrical excitability, and Gowers states that general muscular atrophy has also been observed following tetany. Dr. Smith then related two cases, one occurring in his service at the New York Infant Asylum, and the other seen by him in consultation; both of them, he said, might be regarded as typical cases of the disease.

In tetany the motor cells of the spinal cord and the axis cylinders are supposed to be in some way affected; but the pathology of the disease is still involved in great obscurity. As to its diagnosis, the bilateral and symmetrical nature of the affection is a point of great importance. The fact that certain groups of muscles on the two sides are affected enables us to distinguish it from the muscular contractions due to central lesions of the nervous system. Moreever, the spasms in tetany, as has been seen, as a rule are attended with intermissions, the nerves over the affected area have increased sensitiveness, and spasms may be produced by compressing the latter, thus forming a further contrast to the symptoms present in muscular contractions produced by disease located in the nerves centres or in the nerves supplying the affected muscles.

With regard to its prognosis, Dr. Smith said that tetany, whether intermittent, remittent or occurring with little daily variation, sometimes soon ceases, and never returns. In other instances it does not cease entirely for months, although varying in severity at different times. Certain patients have attacks of it for years, with intervals of perfect health, and sometimes years elapse between the attacks. During infancy and childhood tetany, when uncomplicated, ends favorably, with possibly now and then a rare exception. The few recorded cases in which death apparently resulted directly from this disease, have, as far as he has observed, occurred in adults.

In the treatment the cause or causes of the attack, so far as ascertained, should obviously receive prompt attention and be removed, if possible. The bromide of potassium is a most useful remedy for tetany in infancy and childhood, and it should be given in decided doses, such as four grains every three hours for a child of from eighteen months to two years of age. Chloral, Indian hemp, and chloroform by inhalation are also useful in allaying the spasms. Chloroform is said at first to increase the spasms, but they cease when the patient is fully under its influence, though liable to return when the inhalation is discontinued. Hauber states that two cases which were not relieved by other treatment were soon cured by active massage, employed when the patients were under chloroform narcosis. Stimulating liniments containing chloroform applied over the affected muscles, have also been found of benefit in some instances. In his remarks on the electrical treatment of tetany Gowers says that Faradism is contra-indicated, but that good results have sometimes been obtained from the voltaic current. Gowers states that he also met with good results from digitalis, given at bed-time, in nocturnal tetany. When rachitis is present, as is often the case, cod-liver oil, lime, and syrup of the iodide of iron are indicated. Since so many cases originate from gastro-intestinal disorders, it is important that the diet should be bland, easily digested, and nutritious.

Dr. J. R. MacGregor said that the affection in question seemed to occupy a position between the slighter spasmodic troubles we meet with and the permanent contractures attended with alterations of structure. It is evidently neuropathic in its nature, but whether such contractions can strictly be said to be idiopathic is somewhat questionable, since they might perhaps be dependent upon some cause not yet recognized. It is natural that tetany should be excited by disorders of digestion in infants, as the digestive organs become more and more elaborated. This gradual change in these organs occupies the entire first eighteen months of life, and they are extremely apt to get out of order during this period. In these disturbances dentition is also liable to manifest itself in an abnormal manner, and it seems to him that under the circumstances it may readily be instrumental in the causation of tetany.

Dr. Thomas H. Manley reported a case of

Intestinal Obstruction,

and presented a section of intestine, over four inches in length, removed by laparotomy from the patient. Low down in the left iliac fossa a knuckle of gut was found caught by a firm constricting band which completely obstructed the bowel, and two patches of ulceration being discovered on the peritoneal surface, it was decided to excise the affected portion. The patient was greatly exhausted when he was first seen, and he never rallied from the operation.

Dr. J. G. Truax said that the patient was sent first to the medical wards of the Harlem Hospital with a diagnosis of enteritis. We recognized the case as one of intestinal obstruction in which surgical interference offered the only hope of relief, and at once transferred the patient to Dr. Manley in the surgical wards. It seemed to him that possibly the man might have recovered if Dr. Manley, instead of making a section of the gut, had contented himself with merely releasing it from the bands which constricted it.

FOREIGN CORRESPONDENCE.

LETTER FROM VIENNA.

A Diagnostic Puzzle.—Delivery in Prolapse of the Uterus.—Tuberculosis of the Nose.

At a recent meeting of the Imperial Royal Medical Society, of Vienna, Prof. Schnitzler showed a case which was interesting from the fact that even the most experienced specialists could not agree as to the correct diagnosis. The patient, 48 years old, was in good health until thirteen months before. At that time he began to complain of trouble in deglutition, and presented a white coating over the left tonsil. The attending physician diagnosticated diphtheria, and cauterized the affected parts, and the patient recovered. The affection, however, relapsed after three months, and made rapid progress; the white coating extended over the soft palate and the posterior wall of the pharynx. The patient first went to Moscow, Russia, where he was seen by the most distinguished physicians of that city; the three specialists who had seen him there made three different diagnoses, viz., abscess, neoplasm, and syphilis. The patient then came to Vienna, where he was likewise examined by distinguished professors. One of the eminent Vienna laryngologists declared the disease to be carcinoma, and another specialist declared it to be syphilis. The patient underwent a course of mercurial inunction, and also took Zittmann's decoction, but the process did not change at all. He then came under the care of Prof. Schnitzler.

On examination, Prof. Schnitzler detected the following conditions: The patient spoke "through the nose," and presented an enormous destruction of the organs of the pharynx. The uvula, the soft palate, and both the arches of the pharynx were quite destroyed, so that no trace of them could any longer be seen; the whole posterior wall of the pharynx, as far as the epiglottis, was undergoing ulcerative destruction; over some parts it was infiltrated, and over other parts it presented granulations, so that it gave the impression that a healing process was taking place in this region. The tumefaction of the glands was very slight. A part of the uvula, which had been removed by Prof. Hofmokl and submitted to microscopic examination by Prof. Weichselbaum, showed that there was neither the question of carcinoma nor of syphilis, but that they had to deal with a sarcomatous infiltration. Prof. Weichselbaum, our distinguished bacteriologist, added, moreover, that it was possible that in this case they had to deal with a form of disease hitherto unknown.

Prof. Störk, who was present at the meeting, declared that he had seen the patient some weeks before. At that time the process was limited to the left tonsil, and according to his opinion, the disease was cancer. The sharp limitation of the solid ulcerating surface of the neoplasm, the absence of any appearances of syphilis, and the rapid destruction of the parts making up the pharynx were evidence of the presence of carcinoma.

Prof. Kaposi, who had also seen the patient, had then declared the affection to be syphilis, and he was at present of the same opinion. He saw the patient at a time when the destruction was in the beginning, and the infiltration relatively soft. The absence of infiltration of the glands, and of other constitutional symptoms, were not an evidence against syphilis, and the whole course of the disease was characteristic of syphilitic affection.

Prof. Billroth declared that he would quite agree with what Prof. Kaposi had said, if it were not for the fact that an energetic antisyphilitic treatment had proved quite inefficacious. This fact made him doubt the correctness of the diagnosis of syphilis. Prof. Billroth remarked, moreover, that one might also think of rhino-scleroma in this case, but the spontaneous ulcerating character of the disease was against this supposition. Certain forms of tuberculosis, where neither destruction of tissue nor suppuration took place, had also to be taken into consideration. They had to seek for the presence of tubercle bacilli; widely separated parts of the tumor had to be submitted to microscopical examination, as tubercle bacilli might be present in some parts of the tumor and absent in others.

Prof. Schnitzler reminded Prof. Billroth of a similar case which they had both seen, and in which the diagnosis was equally difficult; the later course of the disease, however, showed that they had to deal with carcinoma.

At a recent meeting of the Obstetrical and Gynecological Society of Vienna, Dr. Zinsmeister read a paper on an interesting and rare case of delivery in prolapse of the uterus. The history of the patient was as follows: The patient had been confined two years ago, for the first time; a rupture of the perineum occurred, and was not sutured. Six weeks after the first delivery menstruation again came on, and had a regular course. A short time after confinement, the patient became aware of a prolapse of the vagina, which grew larger over any difficult work; she applied compresses and the prolapse gave her no longer any trouble. In February, of last year, a small tumor began to develop on the left labium minus, which had increased especially in the last few days before the patient's admission into the hospital. On June 28 of the same year, the patient had her last menstruation, and soon afterwards felt that she was pregnant. The pregnancy had a normal course until Wednesday, November 7, when, without any known cause, severe labor pains came on and gradually increased in intensity.

On November 8, the amniotic fluid escaped, and in the following night, the patient, while straining hard to hasten the birth, felt that the prolapse at once increased much in volume. On the next morning, at eleven o'clock, she was admitted into the General Hospital. The patient had energetic labor pains and was in a febrile condition—temperature 102.2° F. The thoracic organs were normal; the abdomen somewhat distended. In the lower region of the abdomen there was a tumor the size of the head of an adult, which extended from the small pelvis as far as the navel; the tumor was solid, with a smooth surface, and convex at its upper side. The aspect of the external genitals was extraordinarily surprising.

In front of the vulva there was a tumor the size of the head of a fetus, which was formed by the inverted vagina, and the corresponding part of the uterus and its contents. At the lower part of this tumor could be seen the external orifice of the uterus, at a distance of three and one-half centimeters, out of which was projecting a tumor the size of a walnut, covered with hair. The mucous membrane of the vagina was glistening, red, and œdematous; the external orifice of the uterus was rigid and solid. The external orifice of the urethra was enlarged, and its mucous membrane inverted. The examination of the bladder by means of the sound revealed the presence of a complete vaginal cystocele.

Over the lower part of the left large and small labia, there was a conglomeration of extraordinarily fetid and sharp condylomata, and opposite to these there were also, on the prolapsed mucous membrane of the vagina, two patches of acuminate condylomata. Over the internal surface of the right large labium there was also a similar patch. The energetic labor pains projected the prolapsed uterus more and more, but no noteworthy dilatation of the external orifice of the uterus could be observed. The temperature was still 102.2° F.

Under these conditions, the delivery had to be put an end to as rapidly as possible. The sharp condylomata with their unclean surface, which thus presented a dangerous source of infection, had, however, first to be removed. After a thorough cleaning of the external genitals with soap and corrosive sublimate solution, the patient was put under the influence of chloroform, and the condylomata were excised, and the wound closed with deep sutures. A severe arterial hemorrhage occurred during these manifestations.

Dr. Zinsmeister now made an attempt to extract the head of the fetus, which he, however, failed to do, owing to the solid and relatively narrow orifice. He then made two incisions, one and one-half centimeters long, into the anterior labium, but even after this he was not able to extract the fetus, either with the hands or with instruments. Craniotomy was then resorted to, and after the fetid and pulpy brain had been removed, a fetus, twenty-seven centimeters long was extracted. Bloody and fetid amniotic liquid escaped at the same time. The fetid placenta followed after six minutes. Though the uterus contracted quite well soon afterward, a large elongation of the neck of the uterus could nevertheless be detected upon internal examination of the uterus. The reposition of the prolapse was accomplished very easily. The uterine cavity was then irrigated with two quarts of a five per cent. solution of carbolic acid, and one quart of a two per cent. solution of the same substance. An iodoform pencil which had been before dipped in tincture of iodine was afterward introduced into the uterine cavity. The further course of the operation, until recovery occurred, was quite apyretic. On the next day after operation, in spite of the application of deep sutures, a small hematoma became visible over the left labium majus. It, however, disappeared after five days. The patient remained for some days in the hospital to have the laceration repaired.

Dr. M. Hajek, of Vienna, reported before a recent meeting of the Imperial Royal Society of Physicians of Vienna, a rare case of tuberculosis of the nose, which he had under his care. An ulcer of the size of a hazel-nut was to be seen over the cartilaginous septum of the right part of the nose, and at first gave rise to a suspicion of syphilis. As, however, the ulcer continued to increase in size in spite of antisyphilitic treatment, the secretion of the ulcer was repeatedly examined with a view of ascertaining if tubercle bacilli were present. The result was negative. Besides the ulcer there was a tumor in the right posterior nostril, which was ulcerated at its top. The tumor was removed by means of forceps; and the examination of the swelling showed that it was made up of granulation tissue; but over the ulcerated part there were tubercle bacilli. Repeated examination of the granulations which were excised from the ulcerated border of the nasal septum also on this occasion revealed the presence of tubercle bacilli. The treatment consisted in erasion of the ulcer by means of a sharp spoon, and the application of lactic acid, when cicatrization occurred. The growth, however, recurred several times, and was treated the same way.

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SPECIAL CORRESPONDENCE.

AMERICAN OPHTHALMOLOGICAL SOCIETY.

NEW LONDON, July 17, 1889.

The members of this, the oldest of the American special societies, assembled this morning at the Pequot House at the mouth of New London Harbor, for its twenty-fifth annual meeting. The attendance was larger than it has been at any preceding meeting, and includes more than half of all the members and a number of visitors. The latter, if interested in ophthalmic matters are always welcomed, and are generally invited to take part in its discussions. Very little time was spent in routine business; within fifteen minutes after assembling the first paper was read. This one by Dr. Bull, and the second by Dr. Gruening, of New York, both on glaucoma and its treatment by iridectomy, elicited a long and spirited discussion, in which Knapp, Noyes, Theobald, Williams, Seely, and a dozen other prominent ophthalmic surgeons gave the results of their experience. All agreed as to the great value of iridectomy in the acute and inflammatory forms of the disease; but as to a resort to this measure in the chronic non-inflammatory cases, the opinion was divided. Dr. Kipp, of Newark, N. J., gave a left-handed sanitary certificate to the locality of his practice by reporting 130 cases of malarial keratitis. Dr. Green, of St. Louis, had seen many cases. Dr. Miller, of Providence, R. I., had met with it only since the recent invasion of that part of New England by malarial fever. None of the Philadelphians present professed their acquaintance with it.

In the afternoon session some new instruments were shown and discussed, and a number of cases were reported, which were of interest to the ophthalmologist chiefly for their rarity, and therefore are of no interest to any one else. Dr. Noyes discussed supposed danger to life from enucleation of the eye-ball during pan-ophthalmitis. What danger there was he believed to be due to the disease, and that it was lessened rather than increased by the operation. Dr. Harlan, of Philadelphia, reported a case of hysterical blindness in a man of ten years' duration, which was relieved by simply proving to the patient that he was seeing with the eye which he had believed blind.

The third session of the day was devoted to business. Most of the officers were, according to the custom of the Society, re-elected. But this year, Dr. William F. Norris, of Philadelphia, for several years the President, retired from that office, and was succeeded by Dr. Hasket Derby, of Boston, previously the Vice-President, who is in turn succeeded by Dr. George C. Harlan, of Philadelphia. The Society has decided to hold its next meeting in the Catskill Mountains, thus closing quite a series of very successful annual gatherings at this place.

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JULY 18.

The reading and discussion of papers went on this morning. An attempt to limit discussion on account of the crowded state of the programme revealed the existence of a strong belief that the discussions were really the most important part of the proceedings. At this session fifteen papers were read, either in full or in abstract, and they were discussed by double that number of speakers. This means of course that not only did business move on promptly, but that the papers were devoid of "padding," and the discussions free from irrelevant matter. There were good illustrations of the fact that an idea may be driven home by a single terse sentence, when it would entirely escape notice if spread out through pages of manuscript.

A number of the papers discussed mydriatics; several members reported cases of prolonged dilatation of the pupil after their use, and Dr. Jackson, of Philadelphia, raised a ripple of interest by contrasting the relative frequency of the different errors of refraction as ascertained with mydriatics and without them, the proportions in the latter case being almost the exact reverse of the true proportions.

In several respects the meetings of this Society are models worthy of general imitation. Three sessions a day, strict devotion to scientific work; the officers are simply the servants of the Society, are not expected to deliver orations and have their names telegraphed all over the country, and so are allowed to retain their positions year after year; politics are reduced to zero; there is no junketing, no distraction; while in the dining-room and on the quiet verandahs of the hotel, social intercourse finds opportunities denied it in the refreshment table crush of the receptions, the formal, "address of welcome" or after-dinner speech of many of our Societies.

PERISCOPE.

Irrigation of the Stomach.

In an interesting article in the *College and Clinical Record*, June, 1889, Drs. W. W. Van Valzah, and Charles R. Crandall, of New York, say: As long ago as 1867, Kussmaul introduced this method as a means of treating chronic diseases of the stomach, especially dilatation, and commended it to the medical profession. Since then it has been recognized as a practical method, but one "more honored in the breach than in the observance," and hence only occasionally adopted in extreme cases.

Presumably, the reason why stomach irrigation has never come into more general use, is because many have fancied it to be something too offensive and distressing to the patient, as well as too difficult for the average practitioner to employ. Such a belief is entirely groundless, for, as a matter of fact, patients readily submit to the procedure, and the physician who employs it a few times soon finds it to be one of the simplest of all mechanical methods.

The apparatus used to accomplish such results consists of a tin, copper, or glass tank, or reservoir, holding about two quarts of water. This should be hung upon a nail driven in a convenient place and about five or six feet from the floor. At the lower edge or bottom of the tank is a little nozzle to which is attached a piece of half-inch rubber tubing about six feet long, having a glass tube about four inches long inserted in it near the middle. Into the other end of the rubber tubing should be inserted another section of glass tubing about four inches long, and connected to that should be the stomach tube proper. These glass sections or connections enable one to see the water as it passes through, and they also facilitate taking the tube apart in different places as needed. The stomach tube should be from twenty to thirty inches long, No. 18, "English," in size, and having two large fenestræ or openings near its distal end. The length of the stomach tube must be sufficient to meet the demands of the case. For instance, in the case of a child or small, short woman a tube fifteen or eighteen inches long would suffice; on the contrary, if the patient is tall or the stomach dilated, it might be necessary to use a tube thirty inches long in order to reach the lower curvature of the stomach. There should also be placed on the section of tubing attached to the tank, and about four inches from the glass connection, a "stop-off" for controlling the stream of water.

In order to carry out the successive steps of the operation the first thing to do is to shut the "stop-off" and fill the can with water having the right temperature. Then have the patient sit upright in a chair near by, and, having first warmed the distal end of the stomach tube, begin its introduction into the mouth. As soon as the end is thoroughly moistened with saliva, it should be passed onward into the throat, and the patient directed to swallow. At this juncture it is not uncommon for the patient to gag and become a little frightened, but all that is necessary to do is to have him stop, rest, and take a long breath. So doing tends to relax the pharyngeal muscles and counteract the tendency to spasmodic action. As soon as the gagging has ceased, again direct the patient to swallow, and immediately after the throat has relaxed and the chin has dropped, push the tube along an inch or more. As soon as the tube has passed the throat three or four inches, it is well to stop again for a few seconds, for during such enforced pause the pharynx becomes more tolerant, the tube and œsophagus are bathed with saliva, and the further introduction of the tube is much facilitated. The successive acts of pushing the tube, swallowing, resting, and taking long breaths are to be persevered in until the tube has passed downward from eighteen to twenty-four inches and has reached the deeper portions of the stomach. During the first two or three irrigations there is with some patients more or less mental and physical disturbance. They are anxious and apprehensive, the saliva flows freely from the mouth, and not infrequently there are signs of shock and depression. But, as a rule, these conditions are transitory, confidence and self-control being soon established, and future sittings are devoid of any drawback. Indeed, it is not uncommon after a few sittings to have the patient introduce the tube with perfect readiness and indifference, and sit and talk while the water is passing in and out of the stomach.

As soon as the tube is well introduced, the "stop-off" should be opened and from a pint to a pint and a half of water be allowed to flow into the stomach. Then the "stop-off" should be closed, the tubing disconnected where it is joined by the glass connection nearest the tank, and the end of the tube from the stomach lowered to a receptacle on the floor. Immediately the stream of water will begin to flow from the stomach, and unless there is some stoppage, caused either by masses of undigested food or a sharp bend in the tube, it will continue to do so until all has been expelled. Then the tube should be re-connected, the "stop-off" opened, and the stream allowed to flow until a sufficient quantity has again entered the stomach. During the first two or three irrigations, especially if the patient is nervous and depressed, the better way is not to fill the stomach more than two or three times. Later, as confidence becomes established, and the throat and œsophagus become more tolerant, the rule should be to fill and empty the stomach until the return water comes away perfectly clear. The object is to keep irrigating until all mucus, bile, and particles of undigested food are removed, and the walls of the stomach left entirely clean.

The water should be fresh and pure, and heated to a temperature of about ninety degrees.

In most instances irrigation should be performed before breakfast, because then the stomach is usually empty of undigested food, and a thorough cleansing leaves it in a better condition to carry on the process of digestion during the day.

It is difficult to say just how often stomach irrigation should be performed. In functional disorders two or three irrigations a week generally prove sufficient, whereas in old cases of dilatation or chronic gastric catarrh one each day is none too frequent. In regard to frequency, the physician must learn from experience, and must use his judgment in a way to obtain the best results.

Stomach irrigation sometimes causes depression, headache, nervous and uncomfortable feelings in the stomach when first employed. These effects, however, soon pass off and are felt no more.

Stomach irrigation has been recommended in the treatment of cholera infantum, acute functional disorders due to overeating, or alcoholic excesses, of chronic gastric catarrh, dilatation of the stomach, and ulcer and cancer of the organ.

Pilocarpine in Maniacal Excitement.

Dr. Samuel B. Lyon, of the Bloomingdale Asylum, New York, in a paper published in the *Journal of Nervous and Mental Diseases*, April, 1889, states that it is desirable to have at hand a remedy which can be administered independently of the concurrence of the patient, and which will relax the tension of the nervous force, as pilocarpine is well known to do in the *status epilepticus*, and may be expected to do in the semi-conscious convulsions of hysteria or hystero-epilepsy.

There are occasional cases of high excitement among maniacal patients in which a remedy that will temporarily calm them, without leaving the immediate or after ill effects of the powerful sedatives, is much to be desired, and pilocarpine may help us here. He gives the following history of a case in which the use of pilocarpine resulted favorably. The patient was a woman aged thirty years; married about six years; of nervous temperament, with insane heredity on her mother's side. When first pregnant, at the age of twenty-five, she became flighty and talked disconnectedly, but did not reach a high degree of mental excitement. During a second pregnancy she showed in an increased degree the same condition of mental instability as at the first pregnancy. Since this time she has at no time been rational, and has been demented to a marked degree. She cannot be interested in conversation, and wanders about aimlessly. Many of her delusions are referable to the sexual system, as that men are plotting to get possession of her, etc. ; she has also delusions of persecution, that she has committed the unpardonable sin, etc. ; and has a foreboding of evil.

Her condition previous to coming to the asylum was described as having been both violent and excited. She was in an absorbed or dazed condition of mind when admitted, and appeared to take little notice of her surroundings. While in the carriage on her way to the hospital she had what her attendant called a fit.

The second morning after her admission she had another convulsive seizure, which had the characteristics of hystero-epileptic attacks. She had marked opisthotonos, insensibility of the cornea, high temperature, rapid and tumultous pulse, moist skin, mouth open and dry, contractions principally of the neck with the head thrown backward, and violent convulsive movements which seemed excited to some extent by attempts to hold her, and to be not entirely unconscious. She was given inhalations of amyl nitrite and ether, which only temporarily quieted the spasmodic condition. Pressure was made over the ovaries with no effect. She was finally given hypodermically one-eighth grain of muriate of pilocarpine over the left ovary. This was soon followed by a profuse perspiration and a fall in temperature to 101$\frac{1}{5}$°, the convulsive movements ceased, and consciousness gradually returned, and this was followed by a quiet sleep. Previous to the convulsive attack her pupils had been widely dilated ; during the convulsions they were reduced to one-half their former diameter ; during her return to consciousness they were seen to expand and contract quite suddenly, varying with the tension of the general muscular system.

No further convulsions have occurred in the case, but a passive condition has succeeded to her former excitement.

Medical and Dental Departments, Central University of Kentucky.

The commencement exercises of the Medical and Dental Departments of the Central University of Kentucky (Louisville College of Dentistry and Hospital College of Medicine), took place at Louisville, Ky., June 18. The classes in both departments were the largest ever graduated, and there were more than twice as many students as last year, while the graduates, eighty in all, were more than three times as many.

The honor men were Noble R. Townsend, of Arkansas; William S. Noblette, of Indiana, and Charles T. Duncan, of Kentucky. These three had the same average, and decided among themselves who should receive the prizes to be awarded. Dr. Townsend took the curator's medal, Dr. Noblette the Faculty medal, and Dr. Duncan the position of resident physician to the City Hospital, which is regarded as the best of the three prizes. The Dental Faculty medal was awarded to Dr. S. T. Butler.

Menthol in Pruritus.

Dr. Saalfeld gives, in the *Deutsche med. Wochenschrift*, Nov. 15, 1888, the following formulæ for the use of menthol in pruritic affections :

1.	Menthol	gr. xxii–xxxvii
	Alcoholis	f℥ iss

M. ft. lotio.

2.	Menthol	gr. xxxvii
	Olive oil	f℥ ii–iii
	Lanolin	℥ iss

M. ft. unguent.

3.	Menthol	gr. xlviii
	Balsam of Peru	gr. xcvi
	Benzoated oxide of zinc,	
	Lanolin pure āā ad.	℥ ii

M. ft. unguent. For use in scabies.

—*Medical Chronicle*, June, 1889.

State Registration of Trained Nurses.

A meeting recently convened in London for the purpose of considering what is asserted by the British Nurses' Association to be a question of national importance—namely, the State registration of trained nurses. The objects of the Association are to obtain a Royal Charter for the legal registration of qualified nurses, in the same form as the Medical Register. It was urged that the granting of such charter would protect the public from unskilled workers, who by their ignorance cause much suffering and even danger to the sick.

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Never roll a manuscript! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

THE ATTACK ON THE PHILADELPHIA WATER-SUPPLY.

Every now and then the citizens of Philadelphia are stirred up by announcements by certain newspapers that the health of the city is in a very bad way, and this is usually coupled with the cry that the water-supply is seriously polluted. More than once we have had to correct errors of this kind, and there is every indication that we shall have to do it a good many times still. At present there is another attempt to get up an excitement in regard to this matter. In the face of the fact that the death-rate of Philadelphia is—as it has been for many years—lower than that of any city of, or near, its size in the world, except London, with which it holds alternately first and second place in point of healthfulness; in spite of this, certain newspapers of this city, which are rather sensation-mongers than purveyors of trustworthy news, have once more raised the cry that the water-supply is dangerously polluted, and that it is necessary to abandon the present source and seek another far removed from the city limits.

The question of the water-supply of Philadelphia has been thoroughly and carefully studied within a short time by an unbiassed body of citizens and professional men, and in spite of the powerful influence of a corporation which hoped to make millions of dollars by proving that the Schuylkill water was not fit to drink and the employment of chemists and lawyers to make out a bad case for it, the result was that the Schuylkill was vindicated, and it was shown that there is no reason to doubt it furnishes the city with practically as pure a water as any city in this country gets.

Nevertheless the *Inquirer*, a paper which has changed from its former steady and trustworthy style to one of sensation and effect, has lately come out with an editorial, headed: "We Drink from a Sewer," and followed this with a long article, illustrated with coarse woodcuts, and full of virtual falsehood in regard to the Philadelphia water-supply. In the bad work in which it is engaged, the *Inquirer* is supported by the Philadelphia *Times*, which sneers at those who believe no good cause can be promoted by methods which are wrong, and plainly talks in the interest of a scheme which has good money in it—if it can be carried through.

Unfortunately this style of discussion has some support from a few medical men. For example, the *Annals of Hygiene*, which is the "Official Organ of the State Board of Health of Pennsylvania," in its April issue, contained an editorial entitled: "Drinking our ancestors," which is full of scientific absurdity, and illustrated by a cut, in which the most egregious misrepresentations of relative sizes and distances are made: cows whose length is half the width of the river, cities one-third its length, a cemetery one-sixth, and so on. The article is partly founded on a so-called analysis, made by the analyst referred to in our Editorial of July 13, who informs the Editor of the *Annals of Hygiene* that he has actually discovered in the water the presence of adipocere! Unfortunately the intrinsic value of this pseudo-science is not estimated justly outside of this city, and the articles to which we have referred so plainly, we find, to our regret, are quoted with approval in a number of scientific and unscientific publications. If the errors referred to were of an innocent character, we would not speak of them in such harsh terms; but we believe they are dangerous to the prosperity of our city as well as false to truth and science.

The records of the Board of Health of Philadelphia show that during last year the death-rate was remarkably low for so large a city, the mortality being less than twenty per thousand inhabitants in the year, and the records so far this year give every indication that the proportion will be still lower. As stated above, there is only one large city in the world whose healthfulness can be compared with that of Philadelphia; and, while there are points in regard to which this wholesomeness may, no doubt, be improved, there is no justification whatsoever for the exaggerations and perversions of which some of our contemporaries have been guilty.

PENNSYLVANIA STATE MEDICAL SOCIETY.

We have received a circular from the Committee of Arrangements of the Medical Society of the State of Pennsylvania, dated at Pittsburgh, July 15, 1889, in which it is stated that a meeting of the Committee, held that day, resolved that it was the opinion of many that a successful meeting of the Society could not be held during the present calendar year, for many reasons, the chief of which is, that the sorrow and suffering caused by the recent great calamity in the Conemaugh Valley still oppresses the community to such an extent as to interfere with an early meeting, and it was resolved that the meeting of the Medical Society of the State of Pennsylvania, which was adjourned to meet September 3, 1889, be still further adjourned until the second Tuesday of June, 1890.

It has been many years since the State Medical Society has held one of its meetings west of the Allegheny Mountains, and it is the earnest desire of the profession of Western Pennsylvania that the coming meeting should be a large and successful one. Ample provision for the meeting which was to be held last June had been made; but, as is well known, the hopes for a good meeting were doomed to disappointment by reason of the terrible disaster caused by the flood in the Conemaugh Valley. There were too few at the meeting to make it fairly representative, and it almost immediately adjourned to meet again in September.

For various reasons the members of the profession in Pittsburgh have thought it best to postpone again the meeting until next year, when it is hoped that there will be a large and successful gathering. Had time permitted, the Committee would have advised with the different County Societies before taking such action; but in the absence of any expressed law in the Constitution providing for such an emergency, they have been obliged to act according to their best judgment. It is to be hoped that they will be sustained in this action, which, under the circumstances, they have felt it their duty to assume.

WASHING OUT THE BLADDER.

In a recent work by Dr. J. M. Lavaux, he strongly recommends the practice of washing out the bladder by means of hydrostatic pressure, instead of by the action of a syringe. The plan he adopts is similar to that used in what is well-known in this country as the "fountain syringe."

He employs a reservoir fixed at a certain height above the patient, and connected by india-rubber tubing, not with a catheter, but with a metallic tube only three centimètres (about an inch) long. The tube fits into a conical perforated india-rubber obturator, which is introduced within the urethral orifice. The stream of water is then turned on, and, a force sufficient to overcome the "inter-urethral" sphincter being employed, the fluid passes on into the bladder. As soon as a feeling of distension is experienced by the patient, the flow is stopped, and the obturator is removed, and the patient empties the bladder by his own effort. The stream of water is regulated by means of a difference in calibre of the short urethral tubes, of which there are six sizes, the smallest having a channel of one millimètre and a third in diameter, and the largest one of three millimètres. The force of water flowing through each of the tubes with the reservoir at a given height has been calculated, and one size or another is selected according to the sensibility of the bladder and the resistance of the sphincter in each case.

This plan of injection is said to be applicable to all kinds of cystitis in both sexes, and to be especially useful in painful forms of the affection, in which the introduction of a catheter causes so much pain and irritation. It is also equally applicable for maintaining an aseptic condition of the urinary passages in cases of operation, the essential condition in any case being that the patient should be able to empty the bladder voluntarily. The solutions used by Dr. Lavaux usually contain boric acid or nitrate of silver, varying in strength according to the case. The use of these medicated solutions is preceded or followed by injection of a solution of cocaine whenever the use of that drug is indicated.

Those of our readers who have never adopted this method of introducing liquids into the bladder will be surprised, on attempting it, to find how much may be accomplished by it, and how much suffering it will spare their patients. Not only is this true, but the method offers much greater freedom from risk of septic infection than any which requires the use of a catheter.

A NEW ELIXIR OF LIFE.

According to the *British Med. Journal*, July 6, 1889, the extraordinary statements made by Brown-Séquard, as to the efficiency of hypodermic injections of fluid, expressed from the testicles of young animals, in senile debility have been to a certain extent confirmed by M. Variot, who made a communication to the Société de Biologie on June 29. The patients chosen were debilitated men, aged fifty-four, fifty-six, and sixty-eight years respectively, and they were not informed of the nature of the treatment adopted. In all three cases the injections were followed by general nervous excitement, increased muscular power, and stimulation and regulation of digestion. M. Brown-Séquard said that M. Variot's observations disposed of the objection that the results he had observed in himself were due to "suggestion."

This communication will tend to continue, and probably to heighten, the interest excited by Brown-Séquard's first announcement. It cannot, however, be taken as a very strong confirmation of his claims, or of his hopes. There is no reason whatsoever why such results as Brown-Séquard thinks he observed in his own person should be looked upon as the natural effect of hypodermic injections of a mixture of water and the albuminoid constituents or cell-elements of the testicles of animals of any species. Still, experiments of a sort like those of Brown-Séquard may be looked for all over the world now; and it would be a great thing if the ancient male occupants of all our Alms-houses could really be transformed into young, vigorous, and industrious men. It is to be hoped, however, that the experimenters will not neglect to be careful in the selection of the animals from which they secure their inoculation material and in regard to the dose used in each case.

THE CASE OF DR. McDOW.

The case of Dr. McDow, to which reference has been made in the REPORTER, has been concluded—so far as the law is concerned—by a verdict of acquittal by the jury which tried him on the charge of murder. The community in Charleston, however, seems unwilling to let this verdict stand as expressing its opinion in regard to his conduct, and it is reported under date of July 14, that at a recent meeting of the Charleston Ministerial Union, composed of most of the Protestant pastors of that city, a resolution was adopted invoking the aid of the pulpit throughout the city and State in putting down the deeds of violence which have so often disgraced our land. The occasion of the Protestant resolution was the failure of the jury to convict Dr. McDow of the murder of Captain Dawson. In pursuance of this resolution, it is said that a number of clergymen preached, on July 14 and 21, in most uncompromising terms against the crimes of which Dr. McDow was accused, and especially against the violation of the sanctity of the home of his victim, of which he is believed to have been guilty. The physicians have also taken action ; and, at a special meeting of the Medical Society of South Carolina, held July 18, it was resolved that, Dr. McDow be expelled from that body, because he had been proved guilty of "immoral, unprofessional and ungentlemanly conduct." Medical men everywhere will endorse these sentiments, as they have no sympathy with the depraved spirit which, in such rare instances, makes the privileges of the medical profession an aid to the indulgence of lust. Dr. McDow has, by the action of the jury which tried him, escaped the legal penalty of murder, but so far as the evidence is before us he seems to deserve the scorn of all clean and honorable physicians.

PATHOLOGY OF TETANUS.

We have already referred several times in the REPORTER to the discussions on tetanus that have taken place before the French Academy of Medicine. In following up the subject it is interesting to note that it has received further attention, at the recent Congress held at the Sorbonne, in a paper read by M. Guelph, who gave the results arrived at by himself and M. Weber. Their general conclusions are: that tetanus is an infectious disease; that there is no such thing as rheumatic tetanus in the true sense of the word; and that the phenomena of tetanus are not the direct effect of the microbe or microbes, but of agents assisted by the micro-organisms. They hold that multiplication of the microbes is limited to the site of entrance of the infection, at least during the first symptoms. Only later, and that rarely—in six per cent. according to Rosenbach—does any general distribution of the organisms within the body take place. The treatment, in the opinion of MM. Guelph and Weber, should be such as is calculated to destroy the bacillary focus; to eliminate from the organism the products of the pathogenic microbe; and to calm the nervous system. For the latter purpose they specially mention chloral. They further say that the consumption of meat from tetanic animals should be absolutely forbidden.

CORRESPONDENCE.

Where Does Impregnation Occur?

TO THE EDITOR.

Sir: Editors are presumed to be omniscient, or at least to have at hand various encyclopædias, consulting which they can give such answers that they seem to know everything. Therefore I present to you the above question ; for some recent utterances of authorities have suggested doubts. I supposed it was generally accepted that the union of the male and female element took place in the external third of the Fallopian tube. I had learned from Lusk, for example, who was a Professor of Physiology before he was of Obstetrics, and therefore one of the best of authorities, that fecundation occurred in the ampulla or dilated portion of the tube. But Mr. Tait tells us that "the uterus alone is the seat of normal conception." And now I read, in the second volume of Sajous' *Annual of the Universal Medical Sciences,* issue of 1889, page 36, "Fecundation, as stated by our best physiologists, most frequently takes place in the ovary."

You will not wonder that my mind is sadly muddled by these inconsistent and contradictory statements, and that appeal is made to you for light.

Yours truly,

Haltestelle, DR. DUBITANS.

July 16, 1889.

Endorsing Diplomas in Pennsylvania.

TO THE EDITOR.

Sir: Your Editorial of July 13, would scarcely have been written, had you inquired near at home for the facts, instead of accepting the letter of "J. J.," of Owestry, England, with its partial truth for a text.

"J. J." says: "The Homœopathic College would endorse a diploma granted by a homœopathic college without any further examination, and only required a $5 fee." Now as to the facts.

1. All applicants for endorsement are passed upon by the Faculty before endorsement by the Dean.

2. All applicants must furnish satisfactory evidence as to their professional and moral standing in the community.

3. Graduates from homœopathic colleges *accepted by the American Institute of Homœopathy,* properly recommended, may be endorsed without further examination; fee $5.

4. Graduates from eclectic colleges in good standing, must furnish satisfactory evidence as to standing (requirement No. 2), etc., and pass a satisfactory examination by the Faculty of this college; fee $25.

5. Graduates of other Medical Colleges are not endorsed at all, except the applicant has been practising homœopathy. Then he or she may be endorsed upon satisfactory evidence as to standing, etc., and after passing a satisfactory examination by the Faculty; fee $25.

These rules have been in force since a short time after the passage of the law regulating endorsement and registration of physicians. In October, 1888, the following rules (additional) were unanimously adopted:

A. "That no diploma issued by any non-homœopathic college after the year 1890 will be endorsed by this college, unless the holder shall have attended *three annual courses* of lectures, and shall pass a satisfactory examination by this Faculty."

B. "That this college will not endorse diplomas issued by homœopathic colleges subsequent to the year 1891 (this year was fixed by action of the American Institute of Homœopathy) unless such colleges require *three annual courses* of lectures."

Please note the part in italics in No. 3, and the whole of Nos. 4 and 5. These requirements were entirely omitted from the English letter, and thus a partial truth produced a false impression upon your mind.

In explanation of "Accepted by the American Institute of Homœopathy," I would say the Institute has a Standing Committee whose duty it is to report upon the work and standing of all homœopathic colleges, and upon their favorable report the college may be accepted as worthy of confidence and support. The committee has been earnest and faithful in its work, hence we endorse, "without further examination," properly recommended graduates from the "accepted homœopathic colleges."

After a consistent and continued practice of the above rules, I think we are entitled to any evidence that the Hahnemann College of Philadelphia is willing to evade the intentions of the law regulating the endorsement of diplomas of medical schools outside the State, or to a correction of the false position in which you have placed us before your readers.

Yours truly,

JNO. E. JAMES, M. D.,

Registrar of Hahnemann Med. College of Philadelphia.

Philadelphia,

July 15, 1889.

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NOTES AND COMMENTS.

The Kansas Board of Health.

The *Kansas City Medical Record,* June, 1889, regrets that on the first of June the State Board of Health adjourned *sine die,* the Legislature having refused to recognize its existence and denied an appropriation of money to defray its expenses. For some unaccountable reason, the profession of the State has been silently opposed to that most important branch of State government, and it is openly blamed for the action of the last

Legislature. There may be some truth in this, but, according to the *Record*, the word *indifference* explains it all. The last Board of Health was unable to do much that was expected of it because of the violent opposition it met in all its endeavors; poor and unaided—the individual members of the Board advanced their own expenses and clerk hire—it has been neglected.

"Now that we have no State Board of Health, we must blame ourselves, and hope by concerted action to remedy the evil. Unfortunately, the subject was presented to the State Medical Society, at Springfield, too late for action. The Legislature has adjourned, and it will be two years before any decided steps can be taken. In the meantime, however, we can prepare for the battle, so that when the important moment comes we can go into action well drilled and properly led. If every individual physician in the State will make it his duty to see that the Representatives of his district are wisely instructed as to the usefulness of a State Board of Health, and the profession as a whole be satisfied with a few favors in this particular, there will be no reason why we shall not succeed."

New York Academy of Medicine.

Excavations have already begun to be made for the new home of the Academy on the north side of West Forty-third street near Fifth avenue, New York. The plot of ground, which is seventy-five feet by one hundred, cost $90,000. The estimated cost of the building, without fixtures, will be $130,000. The plans have not been adopted in all their details; but it will be a fireproof, four and a half story structure, with an elevator. There will be audience-rooms, library, reading-rooms, room for photography, laboratory for the Pathological Society, kitchen and dining-hall. The subscriptions to the building fund have been liberal, and it is thought that, if the old property of the Academy can be sold at its value, the fellows will enter upon their new home, when completed, with only a small indebtedness.

Fund for Original Research.

Dr. C. S. Minot, of Harvard Medical College, is the Trustee-Secretary of the Elizabeth Thompson Fund for the promotion of scientific research. The Fund amounts to $25,000, and grants from its income are made in aid of scientific original work. Among those who have already been aided are Prof. Rosenthal, of Erlangen, for investigations on animal heat in health and disease; and Prof. Carl Ludwig, of Leipsic, who, with Dr. Paul Starke, is investigating muscular contraction, $500 and $300 being the sums allowed for these two subjects respectively. For the present no grant exceeding five hundred dollars will be made. The majority of the grants hitherto given have been in aid of inquiries requiring laboratory work.

Temperature and the Nevous System.

At a meeting of the London Neurological Society, held May 18, 1889, the subject of pyrexia was under discussion, especially in its relation to the nervous system and to cerebral lesions. Dr. Hale White gave an account of his research, a report of which, presented to the Scientific Grants Committee of the British Medical Association, is published in the *British Medical Journal*, June 22, 1889. On the variations in the surface temperature of the two sides of the body in compression of the brain, Mr. H. Percy Dean read a paper. His experiments tended to prove that where the area compressed was small, the surface temperature of the opposite side was always higher than that of the same side of the body. Where the area compressed was large, the surface temperature of the opposite side was always lower than that of the same side of the body.

Professor Horsley spoke in regard to some clinical observations during the past seven years on the value of differences observed in the temperature of the two sides of the body as symptomatic of cerebral lesions. He desired to draw attention to the practical importance of the subject. He stated that an analysis of eighteen cases, observed by him, had proved that notable asymmetry of the two sides of the body occurred when a lesion was situated in what he wished temporarily to call the corpus striatum frontal plane of the hemisphere, this is on the surface of the cortex passing through the ascending frontal gyrus. Further, that, as a rule, the converse also was true—namely, the occurrence of a lesion in other parts of the hemisphere was not accompanied by change in the temperature of the opposite side of the body. When, as in the former condition, change did occur, it was, with very rare exceptions, evidenced by a rise of temperature of the opposite side of the body. The solution of the problem could only be determined by experiment, and until that was done he deprecated the use of such expressions as "heat centres," etc., the existence of the difference, although a very valuable fact, being only so far ascertained.

The discussion was continued by Dr. Hughlings Jackson, Dr. Bastian, Professor Schäfer, Dr. Beevor, and Dr. Mickle. There was a general agreement on the facts of the case, and their practical and scientific importance; but it was felt that much clinical and experimental work must yet be done before certainty of interpretation could be reached.

A Dentist Assaulted and Robbed.

In Pleasant Unity, near Greensburg, Pa., shortly after 2 o'clock on the morning of July 2, Dr. T. L. Smith was awakened by a rap at his door by a man who said he wanted a tooth pulled. When the doctor opened the door he was confronted by three masked men, with drawn revolvers, who demanded his money. He was knocked down and savagely beaten until left for dead. The ruffians then overpowered the other inmates of the house, robbed it of nearly $500, and escaped.

Brain Surgery.

In the *Kansas Medical Journal*, June, 1889, there is a paper on Brain Surgery, by Dr. M. B. Ward, of Topeka, in which he advocates boldness in dealing with disease and injuries of the brain, which are fairly amenable to operative treatment. This he applies to cerebral tumors, epilepsy, traumatic insanity—abscesses and effusions of blood within the skull. In regard to trephining for traumatic insanity, he says: During the last two years a number of successful cases of trephining for traumatic insanity have been reported by Horsley, Price, Macdonald, Fletcher and others. In a recent article on this subject, Dr. Fletcher, superintendent of the Indiana hospital for the insane, reports eight cases of trephining for traumatic insanity. In these cases insanity did not occur at or near the time of the injury, but some years afterwards. In all of the cases but one, very strong adhesions to the dura-mater were found. All the patients were at the time of the operation, melancholic, suicidal, profane, and four destructive to clothing; none are so now. Dr. Fletcher believes that in traumatic injury—in which sunstroke is included by most authorities—the pain and reflex nervous affections most frequently arise from the inflamed and adherent dura-mater, at points where one of the three sensory branches of the fifth nerve is involved. In none of his cases does he think the cortex had undergone any pathological changes.

It seems certain, Dr. Ward adds, that cerebral surgery is destined to increase the number of recoveries, in cases of insanity, when the disease can be traced to a traumatic origin.

Doctors as Expert Witnesses.

In a paper read before the Society of Medical Jurisprudence, Hon. Willard Bartlett, the Justice of the Supreme Court, said: When a litigant or his lawyer applies to a physician or surgeon for assistance as an expert, the medical man should first ascertain whether it is desired that he shall be a witness in the case, or shall act as adviser to counsel. If he be asked to appear as a witness, he should carefully abstain from seeing the injured person, or examining into the circumstances, upon any agreement or understanding that his right to compensation for so doing is to depend *upon the conclusion he reaches*. Cases are not unknown, in which the counsel for the plaintiff has said to a physician: "I think my client's injuries are serious, and that he will never be a well man again. Go and see him for me. If you find he is not permanently hurt, I shall not expect you to charge me anything for making the examination; but if you conclude that his injuries are incurable, I will call you as a witness on the trial, and pay you handsomely." A proposition of this kind will not be accepted by a professional man of high character. He will insist that his compensation shall be in no wise dependent upon the opinion which he forms. If this is his invariable practice he will always be prepared to sustain the severest cross-examination, and if the fact is brought out in the course of the cross-examination that the party by whom he is called paid him, or agreed to pay him, for examining the injured person, no matter what view he might take, this evidence will add greatly to the weight of his other testimony with the jury.

NEWS.

—Dr. C. B. Herrick, of Troy, N. Y., with his wife, has sailed for Europe.

—Dr. L. Webster Fox, of Philadelphia, has sailed for Europe, where he expects to be married.

—Dr. Thomas Kenny, of Philadelphia, was overcome by the heat on July 20.

—Dr. J. G. Dyer, late of Smith's Cove, Digby, has removed to Portland, Maine.

—Drs. Hawk and Charlotte Hawk have removed from Chicago to Denver, Colorado.

—Dr. A. F. Emery who recently went to New York City to practice has returned to St. John, New Brunswick, and will practice his profession in that city.

—Dr. Ephraim Cutter, of New York, has received a gold medal from the Society of Science, Letters and Art of London, for his paper on "The Relations of Medicine and Music," and also for one on "Hygienic Drinks," and one on "Cleaned Whole Wheat."

—An effort has been made to get Dr. Kiernan to resign his position as Superintendent of the Cook County Asylum for the Insane, Chicago. Dr. Kiernan refuses to resign, and says that if the Commissioners wish to get rid of him they must dismiss him.

—Dr. Howell T. Pershing, of New York, has been appointed Lecturer on Chemistry and Histology in the Gross Medical College, of Denver, Colorado.

—Dr. Charles Cary, Professor of Anatomy in the University of Buffalo, has been transferred to the chair of Materia Medica, recently made vacant by the resignation of Dr. E. V. Stoddard.

—Dr. John B. Roberts, Professor of Surgery in the Philadelphia Polyclinic, has been elected Professor of Surgery in the Woman's Medical College of Pennsylvania. Dr. Roberts has long been known as a zealous advocate of the admission into the profession of properly educated women. Both the Woman's College and Dr. Robers are to be congratulated on the election.

—Dr. Charles B. Nancrede, Surgeon to the Jefferson College Hospital of Philadelphia, has been elected Professor of Surgery in the University of Michigan, at Ann Arbor. Dr. Nancrede was graduated from the University of Pennsylvania in 1869, and since that time has been prominent as a lecturer and as a writer upon various surgical subjects, more especially upon brain and abdominal surgery. Dr. Nancrede has announced his acceptance of the election.

—Dr. Julian J. Chisolm, of Baltimore, is President of the Electro-Automatic Transit Company, an organization for the construction and maintenance of an electrical roadway for the conveyance of mails and parcels for long distances at a very high rate of speed.

—Dr. J. Lewis Smith, Jr., died suddenly in New York City recently.

—Dr. F. F. Fouts, of Floresville, was assassinated by negroes on July 17, 1889.

—Dr. Oscar J. Coskery, Professor of Surgery in the College of Physicians and Surgeons, of Baltimore, died in that city of general tuberculosis, on July 5, 1889.

—Dr. Joseph Lloyd Martin, one of the oldest and most prominent homœopathic physicians in Maryland, died at his residence in Baltimore, June 29, 1889.

—Dr. Fletcher Wilson, of Denver, died in June, 1889. He had a very large practice in diseases of the eye and ear. He was only about thirty years old, and a former student of Knapp.

—Dr. C. C. Lathrop died in Denver May 28, 1889, of heart disease. He was an able physician and a well-known citizen. He was a graduate of Bellevue Hospital Medical College, and forty-three years of age.

—Dr. Theodore Dimon died in Auburn, New York, July 22, at the age of 72 years. Dr. Dimon was an ex-Army Surgeon, and was at one time Superintendent of the State Asylum for the Insane. He was graduated from the University of Pennsylvania in 1838.

—The Michigan State Legislature has appropriated $50,000 for the erection of a new hospital at Ann Arbor. The citizens have increased that amount by issuing bonds for $25,000.

A Correction.—Dr. Weir Mitchell writes to correct a news item in the REPORTER July 20, and states: that he has not gone to Europe; that he does not know Sir Morrell Mackenzie; that if he were in England he would not be likely to stay with him; and that he has not been asked to do so.

MEDICAL AND SURGICAL REPORTER

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COMMUNICATIONS.

THE FATALITY OF HEART WOUNDS.—PART II.[1]

BY H. A. HARE, M. D.,

DEMONSTRATOR OF THERAPEUTICS AND INSTRUCTOR IN PHYSICAL DIAGNOSIS IN THE MEDICAL DEPARMENT, AND IN PHYSIOLOGY IN THE BIOLOGICAL DEPARTMENT, OF THE UNIVERSITY OF PENNSYLVANIA; PHYSICIAN TO ST. AGNES' HOSPITAL.

In the preceding portion of this paper I called attention to the facts which prove, from a statistical point of view, that wounds of the heart are not necessarily fatal, and that a large number of survivals for a considerable length of time, have occurred.

In the present article I desire to give, somewhat in detail, the results of my studies concerning this question on the lower animals. All my experiments reach conclusions directly in support of the statistics already given, and they seem sufficiently interesting to make it proper to include a number of the records here, making a few remarks on each. It is proper to state that in every case the dog—the animal used for experiment—was thoroughly anæsthetized with ether before the wound was inflicted.

Experiment No. 1. Dog; full grown; weight 10 lbs.; was stabbed on May 25, 1889, through the fourth intercostal interspace, with a long hat-pin, 6 inches in length. That the heart was entered was known by the movement transmitted to the pin head and by the depth of its insertion. No signs of discomfort followed, the animal becoming at once as lively as ever and continuing so. On June 11, the record shows him to have been in perfect health up to that date.

This experiment is of interest as showing that such an injury may be entirely without evil results.

Experiment No. 2. Dog; weight 35 lbs.; was stabbed at 2.50 P. M. with a hat-pin similar to that used in experiment No. 1. The wound was made in the fourth intercostal interspace, one and a half inches from the sternum. Forty minutes later the animal seemed entirely well and bright, the effects of the ether, which was small in amount, having been lost in the first ten minutes after the reception of the injury. The dog was now killed with chloroform, and the autopsy showed puncture of the right ventricle four millimeters from the inter-ventricular septum. The pericardium contained about one ounce of blood, and the pleural cavity about two drachms, but this latter hemorrhage was probably from a large vein which was wounded in making the autopsy.

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[1] For Part I, see MEDICAL AND SURGICAL REPORTER, June 22, 1889.

This experiment confirms the result obtained in the first, and shows that the heart was really entered.

Experiment No. 3. Dog; weight 8½ lbs.; was stabbed at 3.10 P. M. with a large aspirating needle, the calibre of which was about two millimeters. The fourth intercostal space was selected for the point of puncture, about 1½ inches from the sternum. At 3.30 it was noted that the dog, which seemed otherwise quite well, gave a howl every few minutes, as if he were trodden on, and walked with his back somewhat humped, and with fore and hind feet close together. The next day at 10.55 A. M., it is recorded that the dog was entirely well; and 24 hours after the stabbing he was killed with chloroform. The autopsy showed no blood in the pericardium. The left ventricle was found to be punctured near the apex, the needle reaching the other side of the cavity. No cause for the howls of the day previous could be found, except puncture of an intercostal nerve.

This experiment is interesting as showing survival and tendency to recovery after a stab from a fairly large instrument.

Experiment No. 4. Dog; weight 35 lbs. (carriage-dog); was stabbed at 3.55 P. M., with the same needle as was used for dog No. 3, in the same interspace. As the needle was driven into the heart, the blood spurted, as if from an artery, out of the external opening of the needle, showing that the heart must have been entered. A few moments after the effects of the ether had passed off, the dog seemed quite well and continued entirely well for over three days. At the beginning of the fourth day he was killed with chloroform and an autopsy made. A little blood-colored serum was found in the pericardial space, amounting to about two fluid drachms. The right auricle was found to be pierced about 10 millimeters from the auriculo-ventricular septum.

This experiment is of interest from the character and survival after the wound.

Experiment No. 5. Dog; weight 30 lbs.; was stabbed at 4.10 P. M., with a small pair of dissecting scissors, in the fourth interspace, 2¼ inches from the edge of the sternum. At 5 P. M. he seemed quite well and alert, and at 5.10 P. M. he was stabbed at the same spot a second time.

After each stab the heart seemed, to the hand on the chest wall, to be very much disturbed and embarrassed, the pulsations being very small. At 6 o'clock the dog was killed with chloroform, and a post-mortem examination was made. The right ventricle, near the septum on the right side, was entered, and the scissors had then come out one-quarter of an inch further along on the same side. A small clot was in the pericardium, and some free blood, but not enough to interfere with the heart's action. The second wound penetrated the right ventricle near its centre, but did not injure the opposite wall. The clot was "stringy" and fibrinous over the double wound, but was encysted in the pericardium over the second wound. There is no reason for supposing that this animal might not have entirely recovered if he had been allowed to do so.

The increase of the size of the wounding instrument is to be noted and the absence of marked symptoms is curious, considering the double injury.

Experiment No. 6. Puppy; weight 10½ lbs. At 4.30 P. M. was stabbed with the same scissors as No. 5 in the fourth intercostal space, two inches from the sternum. About 2½ fluid drachms of blood escaped from the external wound on withdrawal of the scissors. At 6.40, he was recorded as being perfectly well to all appearances, and the same record was made on the next three days. At the beginning of the fourth day he was killed with chloroform. The autopsy showed blood in both pleural spaces. The pericardium contained one ounce of grumous blood. The wound in the heart was covered with a clot in which the fibrinous element was very marked. The situation of the puncture was at the extreme right border of the right ventricle, next to the septum, near the apex, and was about three millimeters wide. Careful inspection showed it to be filled and closed by an organized clot, so completely as to make it tight against leakage.

This experiment shows once more that

survival is possible, even after a severe wound, and that the wound may be entirely closed by a clot.

Experiment No. 7. Dog; weight 50 lbs.; was stabbed at 5.10 P. M., in the third interspace, with a scalpel, to the depth of four inches, and a second time to the depth of two inches, through the same opening in the skin. At 5.20 it is recorded that she was very much "shocked," had respirations at thirty per minute and appeared to be dying. She was then unable to move. At 6 P. M. she moved a little, and kept her head raised. The respirations were puffy and dyspnœic, and at 6.20 they numbered 40 per minute. Consciousness was complete. The next day, at 8.10 A. M., the animal was found dead five feet from where she had been placed. Rigor mortis was very marked, and she had evidently been dead some hours. The autopsy showed a large clot under the skin, the pleural cavity contained about four ounces of bloody serum, and the pericardium was partly filled, and covered by an enormous clot, the size of two hands, so that the heart was hidden. In the wall of the left ventricle there were two wounds: one not far from the apex; the other 1½ inches higher, near the septum. Both wounds entered the cavity of the ventricle. There was an ante-mortem clot present. The upper wound just grazed the opposite wall of the heart; the lower wound cut the columnæ carneæ of the opposite side.

This experiment is of great interest and value. It demonstrates two facts: first, that in some wounds of the heart death occurs as the result of simple hemorrhage, and second that pressure from clots may prevent the heart from working properly. It also shows that it is possible for an animal to move some distance after the reception of such an injury.

Experiment No. 8. Dog; weight 22 lbs.; was stabbed with a scalpel in the fourth interspace, about one inch from the sternum, at 4.35 P. M. Three minutes later the animal gasped five or six times, and was dead. The knife really gave a double stab, as it was driven in a certain distance, then a new grip was taken and it was driven in again to the depth of four inches. At 5.45 the autopsy showed the heart and its coverings to be displaced to the right beyond the median line of the body. The pericardium was filled with blood, and the clot which caused the displacement weighed nearly two pounds. Death was due to profuse hemorrhage. The heart itself was found to be punctured in the right ventricle, near the ventricular septum.

In this animal the effusion of blood was so enormous that death occurred almost at once; in other words, this is an example of sudden death from a heart wound due to hemorrhage.

Experiment No. 9. Dog; weight 6 pounds; was stabbed at 3.57 P. M. with a scalpel, in the fifth interspace, the knife being directed toward the spinal column. No symptoms followed, and at 6 P. M. he is recorded as being "all right." Twenty-four hours later he was killed with chloroform, and the autopsy showed a non-penetrating wound of the left ventricle a quarter of an inch from the apex. There was about three drachms of blood in the pericardium, and the heart wound itself, which was gaping, was completely filled with a clot. There was evidence of pericarditis.

This case shows that wounds of the heart, which are not penetrating, are not fatal, and that the question of death from hemorrhage depends entirely on the plugging of the heart wound with a clot.

Experiment No. 10. Dog; weight 9 pounds; was stabbed at 4 P. M. with a scalpel, in the fifth interspace. At 4.03 he was lying apparently dead, but was restored with a dash of cold water. At 4.05 he was lying very relaxed, with respirations at 20 per minute, and was perfectly conscious. At 4.08 he was walking around, rather weakly, and at 4.10 he vomited, probably from the ether. At 6 P. M. he seemed almost perfectly well. Forty-eight hours later he was killed with chloroform, and an examination was made. The clots in the pleural cavity filled a four ounce measure, and there was about two drachms of blood in the pericardium. Examination of the heart showed a widely gaping wound of the left ventricle, near the apex, which was penetrating, and reached the opposite wall of the ventricle, so that a hemorrhagic effusion was seen in the intramuscular tissue on the posterior surface of the heart. The posterior wound was not a penetrating wound. The wound in the anterior wall was completely closed with a firm, partly whitened clot, through which a probe would not pass, and which was completely watertight.

This is perhaps the most interesting of all my experiments, and is a direct confirmation of the case recorded by Messeri, referred to in the first half of my paper, in which the same result was reached in man. This shows that a severe penetrating heart wound is by no means fatal.

The conclusions to be drawn from this paper are as follows:

1. There are three ways in which death may occur in cases of heart wounds: (a) By hemorrhage from the cardiac cavities; (b) By hemorrhage from the heart muscle itself; and (c) By injury to the centre which Kronecker and Schmerz have localized in the dog's heart: a spot above the lower limit of the upper third of the ventricular septum, which, when it is injured, brings the heart to a standstill. This is the so-called coordinating centre.

2. The lethal result of a heart wound depends largely upon the rapidity with which a hæmostatic clot is formed in the opening.

3. Heart wounds heal by the formation of hemorrhagic exudate, which plugs the leaking opening and permits repair.

4. Most important of all, we learn that cardiac wounds, however severe, are not necessarily fatal, simply because they are heart wounds. There are other causes which may bring about a fatal effect, chief among which are pericarditis, cardiac myositis and endocarditis; while a sequence even more rapid in its onset may be embolism, or heart clot. These are secondary questions which do not form part of the subject in hand.

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ALCOHOL AS A MEDICINE.[1]

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Perhaps an apology is due this intelligent audience, on this occasion, for selecting so trite and commonplace a subject with which to attempt to claim your attention. The medical portion of the assembly knows that it is expected of the retiring President to present an essay on some medical subject, suited also to the general public. In casting about in my mind for some theme for use to-night, I could find none, as I imagined, better suited to the occasion than "Alcohol as a Medicine." For years the use and abuse of alcohol has been spasmodically brought before the public eye and ear, but, in the last decade, the advocates of its non-use have begun a systematic fight against what they are pleased to term "the evil and shame of the age." For years the prohibition element was so small in numbers as not to demand notice; now, the case is different.

In this age, it is difficult to take a dispassionate, non-partisan view of any subject; we find ourselves, unconsciously, for or against most questions presenting themselves. The prohibitionist slurs at the anti-prohibitionist, and charges him with all the evils that are afflicting the present age. The anti-prohibitionist retorts, calling the prohibitionist a fanatic, and depending largely for his arguments upon the question of "personal liberty," frequently making an *argumentum ad hominem*, to attempt to carry a point. Doctors who, under any circumstances, prescribe alcohol in any of its forms, are taunted by the total abstainers as encouraging vice and drunkenness. Both sides go to extremes. "*Media via tuta est*" is too often forgotten.

If there is in this audience a prohibitionist who expects me to present statistics to prove that the use of whisky is ruinous to the human family, that one will be disappointed. If, on the other hand, there is an anti-prohibitionist who expects arguments in favor of the use of fermented liquors as a beverage, he, too, will not go away pleased. That places your President almost between the upper and nether millstone; and, if he succeeds in pleasing himself, he will be fortunate.

By alcohol, I mean all kinds of fermented and distilled preparations containing alcohol in any reasonable quantity. This will include whisky, wine, ale, beer, porter, etc. In discussing the question, I do not propose to resurrect the dead past, to drag old Noah from his grave and arraign him for drunkenness, nor to charge that our Saviour favored the use of wine as a beverage when he changed the water into wine at the marriage feast in Cana of Galilee; nor to charge Timothy with being a glutton and a wine bibber, because he used a little wine for his stomach's sake. I will not attempt to excuse old Noah for getting drunk; nor do I propose to offer any apology, in any shape, manner, or form, for drunkenness in any degree, from the taking of a single drink as a beverage, to the soaking of one's self in it to such a degree as to be not half so good as the hog that walloweth in the mire. The use of alcohol, as a beverage, cannot be defended on any part of the ground: a reasoning creature is utterly inexcusable for using it.

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[1] President's Address, read at Nashville, Tenn., April 30, 1889, before the Tennessee State Medical Society.

> "Fly drunkenness, whose vile incontinence
> Takes both away the reason and the sense:
> Till with Circean cups the mind possest
> Leaves to be man, and wholly turns a beast."

Just at this point I would add, parenthetically, that a drunken or dram-drinking doctor, is, to express it no more strongly, a mistake, if such a thing can be possible in creation, by the Almighty. Of all men for whom liquor was not made, that man is the physician, who frequently holds the life of one of God's creatures in his power; the thread of life being snapped at times by an injudicious dose of medicine dictated by a mind clouded by alcohol.

Much has been written of late years against the use of alcohol as a medicine. Extremists and fanatics have met on common ground, and leagued themselves together in an unholy crusade against it, even as a medicinal agent. The current has been so strong that, like some mighty river, it has at times carried medical men along with it in its seething floods; but, after being swept along by it for a time, one by one most of them have at last escaped its power, and have aligned themselves in favor of its use as a medicine. The medical profession is no place for a man of one idea. Sooner or later, he is left stranded and alone, of no use to himself or his neighbors. Men of independent thought have done much to advance the profession; but, when the individual judgment of one man is arrayed against that of nearly the entire profession, the verdict must, as a rule, be rendered in favor of the opinions of the great majority.

Dr. N. S. Davis, LL. D., of Chicago, in an article on "Alcoholic Liquors in the Practice of Medicine," takes a decided stand that alcohol, in all of its forms, could be advantageously banished from the Materia Medica. He undertakes to establish this fact by asking and answering these three questions:

1. "Do any of these liquids contain ingredients of value to the sick, besides the alcohol they contain, that cannot be furnished just as well from other sources?"

2. "What are the appreciable effects of alcohol on the human system, both in health and disease?"

3. "What are the conditions in sickness that it is calculated to remove?"

He answers the first question in the negative, holding that they do contain a small amount of material that can be appropriated as nourishment; but that the quantity, being so small, is practically useless.

Hear the celebrated Arctic Explorer, General Greely, upon this point, when he discusses the condition of his party whilst suffering in the frozen regions of Cape Sabine: "Later, when the party had been slowly starving for months, and when the supply of food was so diminished as to necessitate a greater reduction of rations, the pure alcohol in hand was issued as FOOD, being diluted with about three times its weight of water. Each man received, daily, perhaps a quarter of an ounce of alcohol, the effect of which was most beneficial. The general impression, with which I most heartily agreed, was that the alcohol supplemented food, and had a decided alimentary value. There could be no question of its beneficial effects, as a mental stimulus, to every member of the party under our unfortunate conditions at Sabine." Here we have Gen. Greely's *experience*, against Dr. Davis's *theory*.

Grant that the quantity is small, and that the same nutriment might be more cheaply and easily obtained elsewhere than in these liquors, yet the fact remains that there are certain conditions of the system in which nutrition in this form is more easily appropriated than in any other. The experience of one physician, or for that matter a dozen, cannot set at naught that of almost the whole medical world. If we begin an investigation determined to attain to one end only, we, by persistence, soon persuade ourselves that that conclusion has been reached, and that it alone is true.

With the effects of alcohol upon the system in health, this paper does not deal. It is outside its scope, as we propose to consider it simply as a medicinal agent. In my own opinion, whilst asserting as a fact that it does possess the power to renew brain energy when lowered by mental work, the effects of its use as a beverage in health are all bad. I am no defender of alcohol, in any form whatsoever, as a drink:

> "'Tis virtue's poison, and the bane of trust,
> The match of wrath, and fuel unto lust."

It has caused the ruin of thousands of the human race, but so have morphine, chloral, and arsenic; but because many have been ruined by the unwarranted use of these agents is no reason why they should be abandoned as medicines.

Ask medical men, Dr. N. S. Davis among others, if he would be willing to put the seal of his condemnation upon opium as a medicine, and he will answer you in the negative. Yet at this day, the use of opium, in some of its many forms, is a more growing evil than the use of alcohol. The difference between the whisky debauchee and the opium habitué is but little. The latter is a more respectable vice, in that it can be followed for a longer time without the habit being discovered; yet it is drunkenness; and propose the question to a preacher, as to his opinion of the hereafter of the opium-eater and the whisky-drinker, and listen for his reply: "They are both lost." Arsenic could be condemned on the same grounds. We see but little of the vice in this country, yet it is used (eaten) to excess for the purpose of beautifying the complexion. Shall *it* be tossed overboard from our Materia Medica because it is abused? Shall cocaine, one of the greatest discoveries of this decade, be treated in the same way? This is no age for extremists. Because a valuable agent is abused, it should not be rejected. Dr. Davis denies to alcohol in disease any medicinal properties, and yet admits that it lowers temperature, but claims that that end is attained by retarding molecular changes and causing an accumulation of waste products in the system, but holds that such diminution of waste is not equivalent to the addition of so much new material through the process of digestion and assimilation.

We might grant this, and not damage our position in reference to alcohol as a medicine. In many morbid conditions these molecular changes go on too rapidly; as, for example, in fevers with a high temperature, accompanied with much nervous exhaustion. Here, if this rapid molecular change into waste material can be stayed even for a short time, we are benefiting the patient. The bugbear of fatty degenerations in such cases, and under similar circumstances, cannot amount to much.

Dr. Davis's argument would lead one to suppose that each cell which enters into the construction of the human form divine, has had fixed, foreordained from all eternity, a certain, definite period of existence, and if "by reason of strength" its life is prolonged beyond that period, dire ills would result, "as seen in the diminution of secretion, excretion, temperature, and nervous sensibility." The direct and plain deduction to draw from such an argument is that it is best to administer no medicines at all, but trust to the "vis medicatrix naturæ," which is equivalent to saying that Homœopathy is a rational system of medicine.

Another objection urged against the use of alcohol by Dr. Davis is the fact that it is eliminated unchanged from the system by means of the skin, lungs, kidneys, and other excretory organs. Admitting, for the sake of argument, that every drop of alcohol taken into the system is eliminated as above stated unchanged (which is not true), this would not be an argument at all against its use as a remedial agent.

Alcohol may and does act as a stimulant (irritant if you prefer the term) to some of the organs, especially those of digestion; *forcing* them, so to express it, to digest food taken into those organs, which, if the alcohol were absent, would be unable to do the task imposed upon them. Grant that in some cases this is done by virtue of its action as an irritant, yet in many cases it acts as does porous platinum, or electricity, when brought to bear upon nascent hydrogen and oxygen in proper proportions. We all know that these two elements could be kept together indefinitely, if the *tertium quid* were not brought to bear upon them. In the presence of platinum, or when a current of electricity is passed through these two elements properly united, they are at once converted into water. So in this way alcohol may, and often does act in aiding digestion, when the organs are weakened by disease. Dr. Davis devotes almost his whole essay to a discussion of the use of alcohol as a beverage, whilst he entitles it "Alcoholic Liquors in the Practice of Medicine." With that part of his argument against its use in any shape, manner, or form, as a beverage, we have nothing to do. The Tennessee State Medical Society stands squarely committed upon that point at its Memphis meeting in 1886, its Nashville meeting in 1887, and its meeting in 1888, where the following preamble and resolutions were adopted, and reaffirmed:

"Whereas, The use of alcoholic liquors as a beverage, and the too frequent indiscriminate prescription of them by the medical profession, leads to very great harm to the physical constitution, the mental and moral worth of the Commonwealth, and unspeakable injury to the happiness of our common community; therefore be it," Resolved by the Tennessee State Medical Society that we adopt the following extract, etc. :

"That if to-day no physician would advise any patient to the use of alcoholic drink, but would restrict it within the close limits of his particular prescription, the limitation would be in harmony with the present demands of therapeutic knowledge. * * * *"

"If they wish to use it under the plea of medicine, and make self prescriptions for their own gratification, they must not do it by our sanction. * * * *" .

"The facts as to medicine confine it within boundaries so narrow that we must, in fealty to real science and right practice, hold it closely within its limits; wandering beyond these, it must in no wise identify us with its vagaries. * * * *"

"That as a medicine it is not well fitted for *self* prescription by the laity, and the medical profession is not accountable for such adminstration, or for the enormous evils arising therefrom."

An examination of this resolution shows that the representatives of the largest body of medical men in the State place alcohol in the list of *medicines*, and advise its use, *as a medicine*, with the same degree of circumspection that strychnia, atropia, and morphia are prescribed. Dr. Binz, at a recent Congress of German Physicians at Wiesbaden discussed at length alcohol as a remedial agent. He weighed carefully the alternating negative and affirmative views held by different practitioners on the efficacy of this agent, and showed conclusively that the weight of English authorities was in favor of the affirmative view of the case. He showed, further, that this view was strongly reinforced by original German investigators, who, as a class, held to the non-heating and "distinctly efficacious virtues of alcohol." Dr. Binz in his paper attempts to show, first, "That alcohol has a value not represented by any other agent in heart failure and lung disease;" second, "That it is a Spärmittel (economic factor) in the organism, because it is consumed therein;" and third, "That it operates as a controller of pyrexia." His positions taken, and arguments adduced, are unanswerable. He establishes the fact that on the sick bed, in certain diseases, its virtue cannot be estimated. Dr. Binz concludes that there is a large, not to say increasing, group of maladies—maladies in which idiosyncrasy was an important factor, where alcohol was absolutely demanded, and where no substitute could be found.

Now whilst commending in such strong terms alcohol as a medicinal agent, Dr. Binz holds that "in a healthy subject it is difficult to define where its abuse is not felt. In health man needs no stimulant, no artificial economizer of energy."

The ancients recognized only the medicinal virtues of alcohol, and for a long time it was known as, and called, *aqua vitæ*, "the water of life." To it were ascribed wonderful virtues. By it the dying could be restored to life, the weak made strong:

> "Now,
> As with new wine intoxicated both,
> They swim in mirth and fancy, that they feel
> Divinity within them, breeding wings
> Wherewith to skim the earth."

As men multiplied on the face of the earth, it began to be used as a beverage, and an intoxicant. So long as it was used as a medicine, its virtues were extolled by all. It no doubt was a fact that many grew sick then as now, that they might be cured by the use of it, and no doubt many a physician was of great repute with just such cases because of his readiness to prescribe alcohol for his patients. He stood high then in the estimation of such patients as had acquired fondness for *aqua vitæ*. Gradually it was more and more abused, being both pleasant to the taste, and refreshing in most cases to the inner man. As a medicine, it is only to be used to *cure*, not to *prevent* sickness. The preventive use of it is wherein the trouble lies. As opponents of the use of alcohol, Dr. Davis cites a few authorities, but proves his position *almost entirely* from his own experience. Admitting that his experience should have weight, yet when that is in conflict with the large majority of men of the highest standing as medical authorities, then it must be taken "*cum grano salis.*" Everybody rarely errs, one alone being found correct. It is true that Galileo against the whole of the then scientific world contended that the earth did move, and in the end demonstrated that fact; yet in this age of investigation we have not many Galileos.

Let us now investigate some of the authorities favoring the use of alcohol as a medicine. Just upon this point, one suggestion. Much that has been written against the use of alcohol as a medicinal agent is theoretical, and founded altogether upon its effect upon the human system in health. Such theorizing is worse than none at all. From the effect of this remedy in health, we must not draw our conclusions as to the results expected to be attained from its use in sickness, unless we accept the doctrine of "*similia similibus curantur.*" We know that in health, under the continued use of alcohol, the muscular system deteriorates, and the liver, kidneys, and other organs, suffer similar degenerations of structure; but, on the other hand, when the circulation is becoming weak, so as to be insufficient to sustain life or to tide over the effects of some disease, the beneficial effects of alcohol to stimulate the enfeebled and tired heart will almost immediately become manifest; though it may not afford any real help, so long as the power of the heart is sufficient to tide the patient over without it. But just at this point we are met with an objection that some other stimulant might be used; that digitalis, belladonna, ammonium carbonate, and a whole host of remedies might be substituted for the alcohol. It is a duty owed to the patient to give him the surest, safest, best remedy for the relief or cure of his disease, and no physician has a right to resort to substitutes, unless something imperatively demands the change. Time and again do we know digitalis fails; often and over again do we know that there are idiosyncrasies against the use of belladonna; and frequently the compounds of ammonia are rejected by the stomach almost as soon as they enter it. Such charges cannot be brought against alcohol in one case in a hundred, as compared with the other remedies. We must not substitute for alcohol a remedy, which—to put it in the strongest possible terms—*may probably* answer as well. We must *know* that it will meet as many indications in the case as are met by alcohol. It is a duty we owe our patients to give them those medicines best suited to their morbid conditions. The fact that a man who is sick nigh unto death, *may* at some day in the distant future fill a drunkard's grave, if saved from impending death by alcohol, will not justify us as physicians in withholding the remedy. We owe it to the patient to cure him of his disease, if possible; and he owes it to the world to lead a sober life, avoiding the use of all alcoholic drinks as beverages. The world is too fond of attaching blame to physicians for Mr. A. or B.'s using whisky or morphine, whilst the blame should rest on the man alone.

But enough generalizing. I have stated that Dr. Davis, and perhaps a few others, condemn *in toto* the use of alcohol. Let us begin to examine the array of talent, of great men in medicine, who take the opposite view of the case. Scarce a medical book of any note can be picked up and read, which does not hold that in reference to some disease, or diseases, alcohol is indispensable.

The objections to the use of alcohol, urged by many, dwindle into insignificance, when compared with some of the facts set forth in the able paper read by Dr. Flint before the International Medical Congress. In referring to alcohol as a medicine he says: "In the introduction of hydrocarbons, which are important factors in the production of animal heat, alcohol presents a form of hydrocarbon which is promptly oxidized, and in which absorption can take place without preparation by digestion."

"Precisely in so far as it is oxidized in the body, alcohol furnishes matter which is consumed in the excessive production of heat, and saves degeneration and destruction of tissue."

"As the oxidation of alcohol necessarily involves the formation of water, and limits the destruction of tissue, its action in fever tends to restore the normal processes of heat reduction, in which the formation of water plays an important part."

He further calls attention to its great value in diabetes, in which he has employed it on theoretical grounds, but with practical advantage.

Prof. Dettweiler, of Falkenstein, is still more emphatic in regard to the use of alcohol as a medicine. Listen to the position he takes:

"I would give one-half of the Materia Medica for this one remedy, and I affirm that the use of alcohol is of the greatest value, not only in cases of phthisis, but in all diseases when the general system is deranged. I should be the least willing to abandon the use of alcohol in fever, the most powerful enemy to the phthisical patient. After numerous trials and experiments with a large variety of remedies, I will say freely that I would rather dispense with the use of salicylic acid, quinine, antipyrin, etc., than with good wine or brandy."

Dr. Murchison, writing on fevers, advocates the use of alcohol in their treatment, especially in those of a typhoid, or typhus type. He holds to a fact which we will all readily admit, that there are cases of these fevers in which alcohol is not demanded, and that in the majority of cases of these fevers it is rarely needed before the expiration of the first week; then alcohol is needed as a rule, and in just such quantities as may be indicated by the organs of circulation. For a soft compressible pulse, especially if irregular, it is needed more often, and in larger quantities, than when the pulse is more rapid. He holds also, that alcohol must be prescribed in a quantity within the power of the organism to dispose of by oxidation.

Sir Wm. Jenner lays down a rule as to the quantity to be given upon this general principle: that when in doubt as to giving a small or a large quantity, always administer the small portion. This, however, is the opposite of the rule laid down by Prof. A. Jacobi in treating diphtheria, where he says the danger lies in giving too little, rather than too much. Between these two extremes, there is a safe mean.

According to Prof. Bartholow, alcohol "is serviceable in those disorders where it lessens the pulse rate, but increases the contractile power of the heart, and elevates arterial tension. It does harm where the pulse becomes more rapid, and the blood pressure is lowered by it. It does good when the tongue, before dry, becomes moistened; and harm, when the dryness is increased. It does good when the temperature is reduced, the delirium and subsultus lessened, and sleep more continuous and refreshing; and does harm when it increases fever, exaggerates delirium, and induces coma-vigil. It furnishes material easily oxidizable, which can be applied as nervous, muscular, and gland force. Furthermore, it stimulates digestion, and enables more food to be taken and disposed of, and thus contributes indirectly to the maintenance of the powers of life."

Dr. Bemiss, in Pepper's System of Medicine, takes the following decided stand: "But it is important that alcohol be added in all those cases of pernicious malarial fever, whatever the type may be, where cardiac stimulation, and improvement of nutrition, are leading indications." "I am sure I have often derived benefit from enemas consisting of four ounces of well prepared beef essence, with half an ounce of whisky or brandy, or half an ounce of a strong infusion of coffee." He further recommends it highly in cases of anthrax.

Prof. Alfred Stillé, in referring to the treatment of epidemic meningitis, holds that in no disease, except in typhus fever, is the judicious administration of stimulants more important. He cautions against the too free use of them, and states that the German and French physicians do not use them so freely. The same rule holds good there that does in all other cases. Asthenic cases need them more freely than those of a sthenic type. "It is a cordial to be held in reserve to meet those signs of failure of the heart, and nervous system, which may arise in all acute diseases, attended with changes in the blood."

According to James C. Wilson, M. D., in cases of influenza, wine, spirits, and milk punch are to be used as the occasion requires. Women, and others unaccustomed to the use of wine and brandy, often take either with striking benefit, without flushing, or otherwise disagreeing.

Prof. W. T. Lusk says of alcohol, as an adjuvant in the treatment of puerperal fever, that its use is indicated in *all* cases. It stimulates the heart, retards tissue waste, and is of itself an antipyretic of no mean value.

In pyæmia and septicæmia, it is most strongly recommended on account of its well-known antiseptic properties.

Prof. J. Lewis Smith, treating of diseases of children, holds that alcohol, in whatever form, is a most useful remedy in scarlet fever, and "is indeed indispensable in all grave cases attended by feeble capillary circulation, and evidences of prostration." "In scarlet fever, as well as diphtheria, comparatively large doses are required; a teaspoonful of the stimulant every hour, for a child of five years." In typhoid fever it is to be used with sound judgment and discretion; so also in typhus fever, when the first sound of the heart is absent or indistinct, but even then with moderation and tentatively.

Prof. Fordyce Barker, referring to alcoholic stimulants in cases of pyæmia, says: "These should be given as freely as the patient can be induced to take them. The tolerance of alcoholic stimulants in pyæmic patients is very remarkable. It seems quite impossible to intoxicate them." "One delicate lady, who had never been accustomed to the use of wine, but who had pyæmic pneumonia, abscess in both breasts, and abscess in the calf of the left leg, * * * took in four days five bottles of brandy, and two and a half drachms of quinine." (The patient, not the nurse, drank the brandy, because it was very reluctantly given by a teetotal mother.) He adds further: "I have never known a single instance where a patient has acquired a dangerous taste for stimulants by their use in the treatment of an *acute* disease. Generally, it is difficult to get patients to take a sufficient quantity."

My own experience with alcohol in cases of pyæmia is in exact accord with that of Dr. Barker, as to the necessity for it, the quantity needed, and the tolerance of it. In one patient, suffering from neuralgia which arose during a pyæmic condition, a quart of whisky was taken within less than two hours without any ill effect, and with slight amelioration of the neuralgic pain, not the least intoxication supervening, even after the pain was completely lulled by a hypodermic dose of morphia.

Prof. Barker, in impressing the importance of the use of alcohol in puerperal fever, says that the quantity required will vary in different cases, and will call for sound judgment; and that the good effects of the stimulants will be seen in the decrease in frequency, and increase in force of the pulse, with a reduction in temperature, and subsidence of delirium. Some cases will require half an ounce, or an ounce, of whisky or brandy every four or six hours, whilst others will need as much or more every hour.

Prof. Alfred L. Loomis, in his lecture upon acute pneumonitis, takes the strong ground that properly employed alcoholic stimulants are the most efficient means which we possess for sustaining a flagging heart, tiding over a crisis, as it were.

I might go on thus, citing from authorities without number, quoting from the most eminent writers of the present day, shining lights in the medical profession, all holding to the tenets shown already. Surgical authorities could be adduced in support of the use of alcohol in shocks of all kinds, whether arising from injuries or capital operations; but I am sure that this is not needed to establish my position in reference to the use of alcohol as a medicine.

On the one side, opposing the use of alcohol in any form, stand a few medical men; on the other side, favoring its judicious use, we find at least nine-tenths of all the medical practitioners who have attained any eminence in their profession. Simple anathemas hurled against the *discriminate* use of alcohol cannot be accepted as arguments against its use. It is no argument against the use of alcohol to assert that most of it is eliminated unchanged from the system. We know that some of it is appropriated; that it answers a double purpose in the human economy, stimulating organs enfeebled by disease to digest and appropriate other food; and that a portion of itself is converted into food. Some of our best authorities contend that alcohol, when taken as a medicine, is converted by an oxidizing process into aldehyde and acetic acid first, and ultimately separates into carbonic acid and water. In this way alcohol supplies a want which would otherwise have to be satisfied by the fats of the economy, the sugar and the starches, and therefore takes the place of food.

As well in our fanaticism banish from the Materia Medica opium in all its forms, arsenic, quinine, and strychnine, four of our most valuable therapeutic agents, as to say that alcohol should not be used, because some people get drunk on it.

FOREIGN BODIES IN THE STOMACH.

BY H. F. STEVES, M. D.,
BIRMINGHAM, ALA.

On June 19, 1889, I was called to see Mrs. J. J. M., æt. 42, the mother of eight children. She complained of pain in the epigastric and right hypochondriac region, constant nausea, occasional vomiting, anorexia, constipation, and general malaise. These symptoms continued until July 6. I saw her a few times between the above dates, but she was always sitting up. July 6, I asked her consent to examine her, which she gave. I found a tumor in the abdominal cavity. Dr. J. D. S. Davis was then called in. We decided to operate, and on Monday, July 8, preparations were perfected to do so. That night diarrhœa set in, and our patient died on July 10, about four o'clock P. M. A *post-mortem* was held immediately by Dr. Davis and myself. We found all the organs healthy but the stomach and duodenum. These we removed, and on opening them we found two bundles of snuff-brushes. At the cardiac end was a black bundle in the centre of which were two rags, each the length and width of the middle finger. At the pyloric end was a larger bundle, about the color of woody fibre. Running through the centre of this bundle from end to end were two rags of common domestic; these rags extended into the duodenum about twelve inches, and matted to them were thread and twine. They were very yellow, made so no doubt by the bile. The gall-bladder was as hard as a stone and was filled with dried bile. The length of the rags, twine and thread would certainly measure more than thirteen feet. Each strip of rag was about eighteen inches long. The two balls turned the scales quick at a pound. She no doubt dipped snuff with the rags, in the absence of a brush, chewed them up and swallowed them as she did the brushes. The rags formed the nucleus of each ball. The fibres of the brushes were parallel to each other, probably arranged so by the motion of the stomach. She had suffered with dyspepsia for eight years. She died in great agony, and was able to help herself up to the last moment of life.

FOREIGN CORRESPONDENCE.

BERLIN LETTER.

(FROM OUR SPECIAL CORRESPONDENT.)

BERLIN, June 1, 1889.

Antiseptic Precautions in the Charité.—The Wonderful Achievements of Ichthyol.—Dilatation of the Œsophagus. — Alleged Vomiting of a Piece of Gastric Mucous Membrane.—Mendel's View of the Therapeutic Value of Hypnotism.—"Deltrem."

Though surgery without antisepsis is to-day fortunately a thing of the past, there is, nevertheless, a great difference between general antiseptic measures and rigid antiseptic precautions, observed in the smallest of details, as practised in the surgical wards of the Royal Charité, at Berlin. It is asserted that ever since the introduction of the rigorous antiseptic regimen into the Charité, the showing of the operations performed in that institution is a remarkably gratifying one. It will no doubt interest the American practitioners to learn the exact *modus operandi* of the antiseptic plan adopted by Prof. Bardeleben, in the surgical department of the Berlin University Hospital. Every patient who is to be operated upon receives immediately before the operation a full bath and a thorough cleansing with soap and brush. After the induction of anæsthesia the part to be operated upon is shaved, cleansed again with warm water and soap, dried with sterilized towels, and washed first with alcohol and then with a one-half per cent. solution of corrosive sublimate. If the skin is very fat ether is also used together with alcohol. Bardeleben exercises particular care regarding the antiseptic cleansing of the hands, as he has always viewed the surgeon's hand as one of the principal carriers of infection. In addition, the entire neighborhood of the field of operation is treated with a one-half per cent. solution of corrosive sublimate and dried with previously sterilized towels. Even the fore-arms of the patient are cleansed antiseptically to prevent the touching of an impure portion of the body if the pulse should be felt. The surgeons themselves never carry their coats into the wards, but appear in the operating rooms with white linen gowns reaching almost down to the ankle, and opening behind. To complete their resemblance to butchers, they carry on their left side what from a distance might be taken for a knife with a black leather sheath, but is in reality a harmless stethoscope. Every forenoon there is a general disinfection of the surgeons' and nurses' coats, of all towels, bed-clothes, brushes and dressing materials. To effect this sterilization, the apparatus devised by Henneberg and Rietschel, and described by Esmarch,[1] is used. The articles mentioned are exposed for thirty minutes to the action of steam at the temperature of 212°. The brushes are then placed in a well-closed glass vessel, filled with a one per cent. solution of corrosive sublimate. As can be expected, special care is bestowed upon all instruments used in the surgical wards of the Charité. If possible, all instruments are constructed of a single piece, to facilitate their cleaning. They are kept in a closed cupboard on glass shelves, and are immersed one-quarter hour before the operation into a three per cent. solution of carbolic acid. After use the instruments are cleaned with soap and boiling water. Catgut is kept in a five per cent. alcoholic solution of corrosive sublimate, the solution being removed several times, until it becomes clear. The silk used for sutures is sterilized in a small steam apparatus, rolled up, exposed again to a steam bath, dried under a glass cover by the action of sulphuric acid, and then placed in a closed box filled with camphor.

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[1] *Vide* Koch und Flügge's *Zeitschrift für Hygiene*, Vol. II, p. 342.

Wounds are left open as short a time as possible. They are closed with sterilized gauze immersed in a weak solution of corrosive sublimate. During an operation, every bleeding vessel—no matter whether artery or vein, large or small, is tied with catgut. The wound is dried with sterilized gauze and then treated with a warmed one-half per cent. solution of corrosive sublimate. I shall in some future letter present some other interesting features of the Charité.

Among the remedies belonging to the routine practice of the German surgeon is one which in America, though well-known, is strangely but little used, viz., ichthyol. Conversing with one of the greatest of Berlin surgeons about ichthyol the other day, I heard the following remark: "I would rather do without iodoform than without ichthyol." The history of ichthyol is very interesting. A Hamburg teacher of chemistry, Herr Schröder, was sent to the Tyrol to ascertain the character of a mine bought by a Hamburg company. He found the mine worthless, but learned during his stay in that locality of a petrified fish which was used by the peasants for the cure of all imaginable ills. He took a specimen of the mineral bearing the fossil fish home, and soon found that by subjecting it to a dry distillation with sulphuric acid he could extract an oily liquid which was exceedingly rich in sulphur.

Speaking of the therapeutic work of ichthyol, it is really much easier to name the affections in which ichthyol is useless than those in which it proves beneficial. Prof. Nussbaum, of Munich, who is regarded as a skeptic in therapeutics, says: "It is the misfortune of the young remedy to be so useful in so many and so diverse ailments." I will not speak of the value of ichthyol in skin diseases, but refer those interested in this matter to Unna's "Fortschritte in der Behandlung von Hautkrankheiten" (Progress in the Treatment of Skin Diseases). Internally, ichthyol is in Germany regarded as a reliable remedy in all forms of rheumatism and gout. Locally, it acts as a hemostatic, astringent, interstitial absorbent, and general alterative. Ichthyol is a blessing in painful acute swellings following injury, especially in joints. Rubbed into the part (in conjunction with lanolin) twice or three times, it never fails to bring about immediate relief. The same is true of articular rheumatic swellings, though in these cases the alcoholic-ethereal solution is preferable. In burns ichthyol is, in the opinion of many German surgeons, superior to iodoform, over which it has besides the great advantage of being absolutely harmless. A very singular action of ichthyol is its power to convert fatty tissues into purulent ones. A lipoma treated for a week or two with daily applications of the alcoholic-ethereal solution of ichthyol will be transformed ultimately into an ordinary abscess, which opens spontaneously or on the slightest surgical interference. Given internally, the drug, possibly owing to its richness in sulphur, acts as a powerful alterative. True, ichthyol has an unpleasant odor and taste, but, as in the case of cod-liver oil, persons in time not only overcome their dislike of the drug, but become even fond of it. Besides, given in pills (possibly keratin-coated), or capsules, the drug is easy enough to take. The recent publications of Drs. von Hoffmann and Lange, of Baden-Baden, in the *Therapeutische Monatshefte*, May, 1889, show that ichthyol is a superior remedy in gastric catarrh marked by eructations, flatulence, and tympanitis. The powerful alterative action of ichthyol asserts itself especially in the numerous scrofulous disorders of country-children, caused by over-feeding with canned victuals, unripe fruit, and similar indigestible stuffs. The child receiving as many drops of the alcoholic-ethereal solution as it is years old, will soon lose its lymphatic swellings, eczematous eruptions and other scrofulous symptoms.

At the last meeting of the Berlin Medical Society, Prof. Ewald showed a specimen of dilatation of the œsophagus, while below it was found a stenosis; whereas, as a rule, just the reverse is the case. The dilatations of the œsophagus are usually secondary in nature, the result of a stricture of the same organ. There are, however, some cases recorded in literature in which the dilatation was primary in consequence of an innate or acquired muscular atony, an injury, or some irritating foreign body. The specimen in question was taken from a man, 60 years of age, suffering from a carcinoma of the œsophagus. The dilatation is just below the stenosis caused by the neoplasm. Below the growth the mucous membrane is completely destroyed and the muscular elements are atrophied. The question naturally arises, how has this dilatation been formed? The single parts of the œsophagus contract periodically so as to form a wave-like peristalsis from above downward. Besides, it is known that the ingested matters remain some time in the lower portion of the œsophagus, whence, by a contraction of the part, they are carried into the stomach. This contraction having been impossible in the case in question, on account of the degeneration of the œsophageal walls, the ingesta were retained unduly long in the lower portion of the œsophagus and finally led to a dilatation.

Prof. Ewald presented at the same meeting a woman who, after severe gastralgic pains and hematemesis had vomited what was pronounced a piece of gastric mucous membrane. A microscopic examination, however, proved that the vomited matter consisted of vegetable constituents and no doubt belonged to some fruit which had lodged in the stomach a long time, and by an adhesive inflammation had become firmly fixed in the gastric wall.

Prof. Mendel gave at the same meeting an exposition of his views on the therapeutic value of hypnotism, which was listened to with great attention. Mendel has himself employed hypnotism as a therapeutic agent since 1881, and believes the time has come to formulate definite views on its therapeutic worth. While he does not reject this mysterious agent altogether, he nevertheless insists on a great restriction of its indications. Hypnotism creates an acute morbid disturbance in the functional activity of the cerebral cortex, which, as his own experience has shown, may give rise to very serious disorders. He therefore recommends caution in the employment of hypnotism. He recalls cases in his own practice in which the induction of hypnotism led to serious paroxysms of hysteria and epilepsy, which previously had not existed at all. The frequent exhibition of hypnotism may even lead to what might properly be termed "hypnotismania," *i. e.*, a nervous disturbance which can be relieved only by the constant induction of hypnotism. It cannot, however, be denied that in many instances hypnotism has given excellent results, and that by its aid disorders have disappeared which previously yielded to no other treatment. But in all these cases relapses have been so frequent that the benefits derived from this treatment appear after all but of a doubtful nature. We can say, therefore, that hypnotism, though often able to remove the symptoms of a disorder, proves nevertheless seldom a cure. Mendel's belief in the therapeutic power of hypnotism has diminished from year to year, and he can only coincide with the view entertained at present by Charcot, that *hypnotism is worthy of a trial only after all other methods of treatment have failed.*

In this connection, I shall relate an interesting little experiment from the domain of hypnotism, of which I read some time ago in a medical journal. A German physician was traveling in the cars with two friends of his, one of whom he had formerly cured of a rheumatic affection of the right leg by the aid of hypnotic suggestion. This friend of the physician suddenly falling asleep, the latter endeavored to change his natural sleep into an hypnotic state. He passed his hands very gently three times over the leg of the sleeper, just as he had done previously in the course of his hypnotic treatment, and brought his arm into an horizontal position. The arm remained in that position. The physician then suggested to his friend that the latter was asleep, and had to continue sleeping until a certain station was reached. He also suggested to the sleeper that the latter had borrowed of him five dollars, which must be returned at the dinner-table with an appropriate apology. The sleeper promised to do everything as he was bidden. He awoke punctually at the station mentioned, and returned the borrowed money at dinner with a graceful apology. In this case the recollection of the gentle stroking during the treatment had been sufficient to change the physiological sleep into the hypnotic state.

In concluding my letter, the following humorous little incident from the Charité may find a place. A woman presented her husband for treatment at the polyclinic of a Berlin professor, who enjoys a world-wide reputation. At the question of the Professor, what the ailment of her husband was, the woman said he was suffering with another relapse of "del-trem." The Professor showed manifest symptoms of consternation and confusion. "Deltrem," he said; "well, well; how long has he had it?" he finally stammered.

It was clear that the distinguished clinician, medical teacher and diagnostician, who had published a system of internal medicine, was puzzled by the diagnosis of a dispensary visitor. An assistant of the Professor finally came to his rescue and explained that the patient had been treated repeatedly at the Charité for *delirium tremens.* The woman had at some former occasion seen the diagnosis "del. trem." on the slate above her husband's bed in the hospital, and had ever since recollected her husband's ailment under the name of "del-trem."

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PERISCOPE.

Cutaneous Injection of Liquid from the Testicles of Animals.

BY DR. BROWN-SÉQUARD, F. R. S., ETC.

On the 1st of June last I made at the Société de Biologie of Paris a communication on the above subject, which was published in the *Comptes Rendus* of that Society on June 21 (No. 24). I will give here a summary of the facts and views contained in that paper and in two subsequent ones, adding to them some new points.

There is no need of describing at length the great effects produced on the organization of man by castration, when it is made before the adult age. It is particularly well known that eunuchs are characterized by their general debility and their lack of intellectual and physical activity. There is no medical man who does not know also how much the mind and body of men (especially before the spermatic glands have acquired their full power, or when that power is declining in consequence of advanced age) are affected by sexual abuse or by masturbation. Besides, it is well known that seminal losses, arising from any cause, produce a mental and physical debility which is in proportion to their frequency. These facts and many others have led to the generally admitted view that in the seminal fluid, as secreted by the testicles, a substance or several substances exist which, entering the blood by resorption, have a most essential use in giving strength to the nervous system and to other parts. But if what may be called spermatic anæmia leads to that conclusion, the opposite state, which can be named spermatic plethora, gives as strong a testimony in favor of that conclusion. It is known that well-organized men, especially from twenty to thirty-five years of age, who remain absolutely free from sexual intercourse or any other causes of expenditure of seminal fluid, are in a state of excitement, giving them a great, although abnormal, physical and mental activity. These two series of facts contribute to show what great dynamogenic power is possessed by some substance or substances which our blood owes to the testicles.

For a great many years I have believed that the weakness of old men depended on two causes—a natural series of organic changes and the gradually diminishing action of the spermatic glands. In 1869, in a course of lectures at the Paris Faculty of Medicine, discussing the influence possessed by several glands upon the nervous centres, I put forward the idea that if it were possible without danger to inject semen into the blood of old men, we should probably obtain manifestations of increased activity as regards the mental and the various physical powers. Led by this view, I made various experiments on animals at Nahant, near Boston (United States), in 1875. In some of those experiments, made on a dozen male dogs, I tried vainly, except in one case, to engraft certain parts or the whole body of young guinea-pigs. The success obtained in the exceptional case served to give me great hopes that by a less difficult process I should some day reach my aim. This I have now done. At the end of last year I made on two old male rabbits experiments which were repeated since on several others, with results leaving no doubt as regards both the innocuity[1] of the process used and the good effects produced in all those animals. This having been ascertained, I resolved to make experiments on myself, which I thought would be far more decisive on man than on animals. The event has proved the correctness of that idea.

Leaving aside and for future researches the questions relating to the substance or substances which, being formed by the testicles, give power to the nervous centres and other parts, I have made use, in subcutaneous injections, of a liquid containing a small quantity of water mixed with the three following parts: first, blood of the testicular veins;[1] secondly, semen; and thirdly. juice extracted from a testicle, crushed immediately after it has been taken from a dog or a guinea-pig. Wishing in all the injections made on myself to obtain the maximum of effects, I have employed as little water as I could. To the three kinds of substances I have just named, I added distilled water in a quantity which never exceeded three or four times their volume. The crushing was always done after the addition of water. When filtered through a paper filter, the liquid was of a reddish hue and rather opaque, while it was almost perfectly clear and transparent when Pasteur's filter was employed. For each injection I have used nearly one cubic centimetre of the filtered liquid. The animals employed were a strong, and, according to all appearances, perfectly healthy dog (from two to three years old), and a number of very young or adult guinea-pigs. The experiments, so far, do not allow of a positive conclusion as regards the relative power of the liquid obtained from a dog and that drawn from guinea-pigs. All I can assert is that the two kinds of animals have given a liquid endowed with very great power. I have hitherto made ten subcutaneous injections of such a liquid—two in my left arm, all the others in my lower limbs—from May 15 to June 4 last. The first five injections were made on three succeeding days with a liquid obtained from a dog. In all the subsequent injections, made on May 24, 29, and 30, and June 4, the liquid used came from guinea-pigs. When I employed liquids having passed through Pasteur's filter, the pains and other bad effects were somewhat less than when a paper filter was used.

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[1] This innocuity was also proved on a very old dog by twenty subcutaneous injections of a fluid similar to that I intended to employ on myself. No apparent harm resulted from these trials, which were made by my assistant, Dr. D'Arsonval.

Coming now to the favorable effects of these injections, I beg to be excused for speaking so much as I shall do of my own person. I hope it will easily be understood that, if my demonstration has any value—I will even say any significance—it is owing to the details concerning the state of my health, strength, and habits previously to my experiments, and to the effects they have produced.

I am seventy-two years old. My general strength, which has been considerable, has notably and gradually diminished during the last ten or twelve years. Before May 15 last, I was so weak that I was always compelled to sit down after half an hour's work in the laboratory. Even when I remained seated all the time, or almost all the time, in the laboratory, I used to come out of it quite exhausted after three or four hours' experimental labor, and sometimes after only two hours. For many years, on returning home in a carriage by six o'clock after several hours passed in the laboratory, I was so extremely tired that I invariably had to go to bed after having hastily taken a very small amount of food. Very frequently the exhaustion was so great that, although extremely sleepy, I could not for hours go to sleep, and I only slept very little, waking up exceedingly tired.[1]

The day after the first subcutaneous injection, and still more after the two succeeding ones, a radical change took place in me, and I had ample reason to say and to write that I had regained at least all the strength I possessed a good many years ago. Considerable laboratory work hardly tired me. To the great astonishment of my two principal assistants, Drs. D'Arsonval and Hénocque, and other persons, I was able to make experiments for several hours while standing up, feeling no need whatever to sit down. Still more: one day (the 23d of May), after three hours and a quarter of hard experimental labor in the standing attitude, I went home so little tired that after dinner I was able to go to work and to write for an hour and a half a part of a paper on a difficult subject. For more than twenty years I had never been able to do as much.[2] From a natural impetuosity, and also to avoid losing time, I had, till I was sixty years old, the habit of ascending and descending stairs so rapidly that my movements were rather those of running than of walking. This had gradually changed, and I had come to move slowly up and down stairs, having to hold the banister in difficult staircases. After the second injection I found that I had fully regained my old powers, and returned to my previous habits in that respect.

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[1] For reasons I have given in many lectures in 1869 and since, I consider the spermatic as also the principal glands (kidneys, liver, etc.) as endowed, besides their secretory power, with an influence over the composition of blood, such as is possessed by the spleen, the thyroid, etc. Led by that view, I have already made some trials with the blood returning from the testicles. But what I have seen is not sufficiently decisive to be mentioned here.

[1] I ought to say that, notwithstanding that dark picture, my general health is and has been almost always good, and that I had very little to complain of, excepting merycism and muscular rheumatism.

[2] My friends know that, owing to certain circumstances and certain habits, I have for thirty or forty years gone to bed very early and done my writing work in the morning, beginning it generally between three and four o'clock. For a great many years I had lost all power of doing any serious mental work after dinner. Since my first subcutaneous injections I have very frequently been able to do such work for two, three, and one evening for nearly four hours.

My limbs, tested with a dynamometer, for a week before my trial and during the month following the first injection, showed a decided gain of strength. The average number of kilogrammes moved by the flexors of the right forearm, before the first injection was about 34½ (from 32 to 37), and after that injection 41 (from 39 to 44), the gain being from 6 to 7 kilogrammes. In that respect the forearm flexors re-acquired, in a great measure, the strength they had when I was living in London (more than twenty-six years ago). The average number of kilogrammes moved by those muscles in London in 1863[1] was 43 (40 to 46 kilogrammes).

I have measured comparatively, before and after the first injection, the jet of urine in similar circumstances—*i. e.*, after a meal in which I had taken food and drink of the same kind in similar quantity. The average length of the jet during the ten days that preceded the first injection was inferior by at least one-quarter of what it came to be during the twenty following days. It is therefore quite evident that the power of the spinal cord over the bladder was considerably increased.

One of the most troublesome miseries of advanced life consists in the diminution of the power of defecation. To avoid repeating the details I have elsewhere given in that respect, I will simply say that after the first days of my experiments I have had a greater improvement with regard to the expulsion of fecal matters than in any other function. In fact a radical change took place, and even on days of great constipation the power I long ago possessed had returned.

With regard to the facility of intellectual labor, which had diminished within the last few years, a return to my previous ordinary condition became quite manifest during and after the first two or three days of my experiments.

It is evident from these facts and from some others that all the functions depending on the power of action of the nervous centres, and especially of the spinal cord, were notably and rapidly improved by the injections I have used. The last of these injections was made on June 4, about five weeks and a half ago. I ceased making use of them for the purpose of ascertaining how long their good effects would last. For four weeks no marked change occurred, but gradually, although rapidly, from the 3d of this month (July) I have witnessed almost a complete return of the state of weakness which existed before the first injection. This loss of strength is an excellent counter-proof as regards the demonstration of the influence exerted on me by the subcutaneous injections of a spermatic fluid.

My first communication to the Paris Biological Society was made with the wish that other medical men advanced in life would make on themselves experiments similar to mine, so as to ascertain, as I then stated, if the effects I had observed depended or not on any special idiosyncrasy or on a kind of auto-suggestion without hypnotization, due to the conviction which I had before experimenting that I should surely obtain a great part at least of these effects. This last supposition found some ground in many of the facts contained in the valuable and learned work of Dr. Hack Tuke on the "Influence of the Mind over the Body." Ready as I was to make on my own person experiments which, if they were not dangerous, were at least exceedingly painful, I refused absolutely to yield to the wishes of many people anxious to obtain the effects I had observed on myself. But, without asking my advice, Dr. Variot, a physician who believed that the subcutaneous injections of considerably diluted spermatic fluid[1] could do no harm, has made a trial of that method on three old men—one fifty-four, another fifty-six, and the third sixty-eight years.[1] On each of them the effects have been found to be very nearly the same as those I have obtained on myself. Dr. Variot made use of the testicles of rabbits and guinea-pigs.

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[1] I have a record of the strength of my forearm, begun in March, 1860, when I first established myself in London. From that time to 1862 I occasionally moved as much as 50 kilogrammes. During the last three years the maximum moved was 38 kilogrammes. This year, previously to the first injection, the maximum was 37 kilogrammes. Since the injection it has been 44.

[1] In my third communication at the Biological Society, I said that both the intense pain each injection has caused me and the inflammation it has produced would be notably diminished if the liquid employed were more diluted. The three cases of Dr. Variot have proved the exactitude of my statement. He made use of a much larger amount of water, and his patients had to suffer no very great pain and no inflammation.

These facts clearly show that it was not to a peculiar idiosyncrasy of mine that the effects I have pointed out were due. As regards the explanation of those effects by an auto-suggestion, it is hardly possible to accept it in the case of the patients treated by Dr. Variot. They had no idea of what was being done; they knew nothing of my experiments, and were only told that they were receiving *fortifying* injections. To find out if this qualification had anything to do with the effects produced, Dr. Variot, since the publication of his paper, has employed similar words of encouragement, whilst making subcutaneous injections of pure water on two other patients, who obtained thereby no strengthening effect whatever.[2]

I believe that, after the results of Dr. Variot's trials, it is hardly possible to explain the effects I have observed on myself otherwise than by admitting that the liquid injected possesses the power of increasing the strength of many parts of the human organism. I need hardly say that those effects cannot have been due to structural changes, and that they resulted only from nutritive modifications, perhaps in a very great measure from purely dynamical influences exerted by some of the principles contained in the injected fluid.

I have at present no fact to mention which might serve to solve the question whether it would be possible or not to change structurally muscles, nerves, and the nervous centres by making during a good many months frequent injections of the fluid I have used. As I stated at the Paris Biological Society, I have always feared, and I still fear, that the special nutritive actions which bring on certain changes in man and animals, from the primitive embryonal state till death by old age, are absolutely fatal and irreversible. But in the same way that we see muscles which have from disease undergone considerable structural alterations regain sometimes their normal organization, we may, I believe, see also some structural changes not essentially allied with old age, although accompanying it, disappear to such a degree as to allow tissues to recover the power they possessed at a much less advanced age.

Whatever may be thought of these speculations, the results I have obtained by experiments on myself and those which have been observed by Dr. Variot on three old men, show that this important subject should be further investigated experimentally.—*Lancet*, July 20, 1889.

Disappearance of Cholera from Europe and America.

Dr. Smith, Health Officer of New York, in his annual report to the Commissioners of Quarantine, refers to the disappearance of cholera from Europe and America. He says the confident prediction which was frequently made by wiseacres during the winter of 1887–88 and until the spring of 1888 was well advanced—that the germs of the disease among the passengers of the "Alesia" and "Britannia" in the fall of 1887 had escaped with the baggage when the immigrants were released from quarantine, and would be propagated the ensuing summer until the disease developed into epidemic proportions—has not been fulfilled. The history of this terrible disease since its first advent in Europe in 1829–30 warranted the suspicion that its arrival at our quarantine was the forerunner and herald of a disastrous epidemic of cholera throughout our country. There are but few instances in the history of this disease in which it has not become epidemic in a country soon after it appeared at its threshold. Dr. Smith gives the following interesting history of the cholera during recent years:—

"In 1882 cholera commenced its deadly march from its home in the Ganges. Its first attack was upon Aden on the Red Sea. Early in 1883 it appeared at Damietta in Egypt, and in June of that year reached Cairo, and subsequently extended to most of the cities and towns of Lower Egypt. Those familiar with the history of cholera then confidently predicted its speedy advent in Europe. These predictions were fulfilled early in the ensuing summer. The first victims of the disease in Europe were at Toulon in the early part of June, 1884. It reached

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[1] The paper of Dr. Variot and my remarks upon it have appeared in the "Comptes Rendus de la Société de Biologie," No. 26, 5 Juillet, 1889, pp. 451 and 454.

[2] Since writing the above I have received a letter from Dr. Variot announcing that, after injecting the liquid drawn from the testicles into these two individuals, he has obtained the same strengthening effects I have myself experienced.

Marseilles the 28th of the same month, and in a few weeks decimated all the towns in the south of France. Although the Italian authorities on the boundaries between France and Switzerland attempted to stay the progress of the epidemic by imposing the most rigid system of quarantine of all persons and things from infected localities, the disease had passed all sanitary cordons before the end of August, and was numbering its victims daily by hundreds in various parts of Italy. Despite every effort of the health authorities, it crossed the Pyrenees early in 1855, and began the work of destruction in Spain. Before the close of the year it had counted more than a hundred thousand victims in that country. The year following (1886), a passenger-steamer with Italian immigrants landed the pestilence at Rosario, in South America. The *cordon sanitaire* established in the passes of the Andes by the States of the west coast of South America did not prevent the disease from reaching and ravaging many of the great cities and towns on the western coast. Sept. 23, 1887, and again in the month following, cholera sought to invade our country through Italian immigrants, as it had done in South America the year previous. The story of its advent, arrest, and destruction at quarantine, has been told in my report for 1887. In the five previous invasions of Europe by this disease during the present century, it had succeeded in every instance in reaching our shores, and developing into epidemic proportions. The failure of the pestilence to secure a foothold in our country last year was a triumph, but under difficulties such as the quarantine officials at this port, it is hoped, may not again be called upon to encounter."

Syphilis and Marriage.

At a meeting of the Nottingham Medico-Chirurgical Society, May 31, 1889, Mr. Lawson Tait opened a discussion on syphilis in relation to marriage. He cited many cases of medical men who had had syphilis, and who had subsequently married, their wives and children being in all cases perfectly healthy. This and other evidence was adduced to show that syphilis was to all intents and purposes a curable disease. Mr. Tait considered that the germ theory of disease had assumed too great an importance in etiology. He insisted on the serious nature of gonorrhœa, and expressed the opinion that its after-effects were fraught with greater danger than those of syphilis. The President, Dr. H. Handford, agreed with Mr. Tait in thinking that syphilis was now milder than in past generations, and alluded to the well-established fact that the disease manifested symptoms much less severe when occurring among the denizens of West End clubs in London than when seen in the Eastern slums. Dr. Newman, of Stamford, maintained that accurate knowledge of family histories, extending over one or more generations, must be appealed to, and insisted on the necessity of careful inquiry before giving advice as to marriage.

Dr. Bell Taylor said worm-eaten skulls and other grave sequelæ were matters of past history. He quoted the statistics of our own army and navy to prove that even the more or less unimportant complaint met with nowadays was rarely transmitted to wives and children. He agreed with Mr. J. Hutchinson that not more than one in five thousand of our population show symptoms of hereditary disease, and expressed a wish that several other diseases of commoner occurrence were as directly amenable to treatment as syphilis.

After some remarks by Dr. Brookhouse and Dr. Elder, Mr. Snell, speaking from his experience as a public vaccinator, said he had found syphilis among the commonest, most deadly, and least amenable to treatment of all children's maladies among the poor. With regard to adults, he was disposed to agree with Dr. Gowers that, given a man with a history of acquired syphilis, only sufficient duration of life was required to develop the tertiary malady.—*British Med. Journal*, June 22, 1889.

Resistance of the Poison of Rabies.

Ivo Novi (in some investigations conducted in the physiological laboratory at Bologna (*Reforma Medica*, No. 288, 289, 1888), found a large number of maggots in the cranial cavity of a rabbit that had died of paralytic rabies after subdural injection with the virus, and had lain four days after death, at summer heat, with the hole in its skull open. Several of the maggots were taken and rubbed up with water, and another rabbit injected under the dura with the solution. The animal died of rabies. The poison of rabies was therefore not destroyed in the bodies of the maggots.—*Deutsche med. Wochenschrift*, May 30, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

THE THERAPEUTIC VALUE OF OXYGEN.

The powerful invigorating influence of oxygen on organic processes is well demonstrated by the following experiment: When an excised frog's heart is attached to a transfusion apparatus and is filled with fresh blood it registers strong, forcible beats, of equal elevation at first, on a revolving cylinder. This continues for a while, and then the traces become lower and lower, until, in the course of twenty or thirty minutes, the pulsations are reduced to a minimum and cease altogether. During the time in which the heart thus records its action, one can readily observe through its translucent walls that the blood loses the scarlet hue which it possessed at the beginning of the experiment, and gradually becomes darker and darker until the heart stops, when it is comparatively black or carbonized. If now this same blood is taken from the heart and shaken with oxygen, and reintroduced into the heart, the organ resumes its function as vigorously as before. An experiment of this kind may be repeated with the same heart for five or six hours in succession or even longer, and it fully illustrates that the physiological processes of the frog's heart are essentially dependent on a measurable supply of oxygen, and gives us good reason for believing that that which takes place here differs in no wise—at least so far as principle is concerned—from the processes of assimilation and nutrition which occur in the human body.

Clinically, oxygen is gaining in favor, and there can be no doubt that it is an agent of great value because its application rests on a sound physiological basis, as is indicated by the experiment to which reference has just been made. It has already proved itself very useful in diseases which are associated with profound depression of the vital forces, such as anæmia, gangrene, diabetes, Bright's disease, bronchitis, asthma, heart disease, and pulmonary consumption. That it sometimes disappoints in diseases in which it seems to have established a permanent reputation is quite true; but there is reason for believing that a great deal of this may be due to faulty administration. The respiratory surface of the human body is larger than necessary, and is therefore capable of furnishing more oxygen to the hæmoglobin from the atmosphere than is absorbed under ordinary atmospheric pressure. Hence under the same pressure no more oxygen would be absorbed if the gas were inhaled in a pure state than would be extracted from the surrounding air. Oxygen should therefore be inhaled under a slight pressure, and those who have used it in this way believe they secured the more favorable therapeutic results. This practice is also supported by the researches of P. Bert, who has found that oxygen absorption is enhanced when the body is immersed in condensed air.

Ordinary forced voluntary respiration produces a slight differential pressure between the air and the blood, and in this way produces similar results, though of a less marked character than those which are obtained by use of appliances which exercise direct pressure. Experience seems to show that oxygen may be profitably inhaled in a pure state, or may be mixed with air in varying proportions. When mixed with nitrous oxide its therapeutic properties are increased. On account of the special affinity of the latter agent for the nervous system it has the power of allaying irritability, of quieting cough, and of producing sleep—a virtue the effects of which cannot be overrated in the treatment of respiratory and circulatory affections.

INTERNATIONAL COURTESY.

In an editorial article entitled "An International Courtesy," the *British Med. Journal,* July 6, 1889, calls attention to the honors recently conferred upon Dr. J. S. Billings, by the University of Oxford, in recognition of his valuable work in the field of medical literature. The editorial contains a brief sketch of Dr. Billings life and describes his labors in connection with the Army Medical Museum, and the Surgeon General's Library and Catalogues in Washington.

In conclusion, the editorial says: "With such a record, it is not to be wondered that the University of Oxford, wherein all that Dr. Billings has done is well known to Sir Henry Acland, should have deemed him worthy of the high honor of its D. C. L., thus adding his name to those of Owen, Alison, Brodie, Milne-Edwards, Van der Hœven, Christison, Stokes, Jenner, Gross, Paget, Lister, Allen Thomson, William Farr, Simon, and others to whom she has given in the last few years her highest degree. Besides this honor, he already holds the honorary degrees of LL. D. Harvard, LL. D. Edinburgh, and M. D. Munich, and he is a member of the National Academy of Sciences in America, which may be in many respects compared to our Royal Society.

"How various are the ways by which scientific medicine is being advanced is plain enough to our readers. It is pleasant to think that the United States are advancing along the whole line of knowledge. It is of no small moment that Washington, but lately only a political capital, is becoming a centre of scientific biological effort, through the rapidly expanding National Museum, and the labors of Dr. Billings in the War Office. The probable effects cannot easily be overestimated. The problem of the future of the United States is one of the most interesting, as well as the newest, in the history of the human family. The modern appliances for material growth there seen have never in history been so rapidly developed, and we are glad that a firm grasp is likely to be taken by our American brethren of all of the circumstances that affect the progress of scientific, curative, and preventive medicine."

HYPNOTIC SUGGESTION AS A THERAPEUTIC MEASURE.

Within the past year there has been a good deal written and spoken in regard to the value of hypnotic suggestion as a therapeutic measure. The enthusiastic believers in the power of suggestion to influence physiological processes have produced considerable evidence apparently supporting the theory that by placing certain subjects in a state of hypnotism, it is possible to bring about alterations in their physical condition which are absolutely curative of a variety of diseases. On the other hand, those who cannot follow so far have intimated that delusion on one side and illusion on the other have been the most important factors in producing whatever results were claimed. As occurs in many cases, the truth probably lies somewhere between the two extremes of these two parties.

There can be no doubt that the hypnotic state is a condition in which the subject is especially amenable to influences which are likely to produce freedom from hallucinations of certain sorts by the substitution of hallucinations of another and more wholesome kind. In this way, it is conceivable that disorders dependent, for their causation or continuance, upon mental states may be bettered, although it is too much to expect that diseases accompanied by grave anatomical lesions could be so improved.

This is about the conclusion which has been arrived at by the members of the Berlin Medical Society, at a recent meeting, and which is confirmed by the opinion of M. Charcot, in a letter to the editor of the *Deutsche Med. Wochenschrift*, June 20, 1889. In this letter Charcot expresses the opinion that hypnotic suggestion is a method of treatment full of uncertainty, and sometimes full of danger. At times, and in purely subjective disorders, it seems to be available and useful; but in many cases it can do no more good than incantation. For this country, it has no recommendations whatever. It is a curious and hazardous experiment at best, and we may rest content to have it worked out to a conclusion somewhere else but here.

MILK ADULTERATION.

Within the past few days there has been a little stirring up of the officials of Philadelphia against the vendors of diluted milk. As physicians know, the objection against the surreptitious diluting of milk with water is, not only that it is a fraud, but also—and worse—that it may rob poor and feeble children of part of their needed food, and that it exposes all who use such milk to unusual risks of infection with disease.

The present activity on the part of the Philadelphia authorities, if consistently and persistently kept up, would result in great good to the community. The danger is, that it will be allowed to drop after a few petty fines have been collected, and that the old evil will soon start abroad again. One of the difficulties in prosecuting reforms in matters of this sort is that, while there is often an outcry for more stringent laws, those already on the statute book are not enforced. Wherever there is a law against adulteration, or watering of milk, and penalties attached to violating it—there, at any time, one faithful and efficient public officer could probably root out, or very much diminish, the evil.

On September 8, 1888, we called attention, in an Editorial, to the admirable work done, in this direction, in New York; and we can again commend the example then set to the imitation of other large towns. This would be a suitable field for the discreet activity of a live daily paper; and such activity would surely meet with the approval of medical men. The *Inquirer*, of Philadelphia, has made a beginning in attacking the evil of milk adulteration in this city, and we would be glad to see it go on until this evil is utterly wiped out.

DISGRACE IN MEDICAL JOURNALISM.

In another part of this number of the REPORTER we republish an article from the *Druggists' Circular*, entitled "Justifying a Fraud."

This article cites an example of a disgrace to medical journalism to which we have more than once alluded, namely the subserviency of the editorial work to the advertising department. The example is a flagrant one, but not surprising to those who have watched the career of the *Philadelphia Medical Times* since Dr. H. C. Wood ceased to edit it, and especially since it came under the control of the present editor of the *Times and Register.* When this new venture appeared, we stated (May 11, 1889) that "if its editor improves his new opportunity to show that he can produce a journal which will tend to elevate the standard of medical journalism, and not to debase it, his venture will have our best wishes, and, we have no doubt, will meet with success." Since that time there has been no draft on our best wishes, and we believe no step toward success. The boast of a strong editorial staff, with which the amalgamated journal started, soon proved false; for within one week every name of its so-called collaborators was withdrawn—some for reasons which we think will not be published by the editor—and the old editorial methods of the *Times* have been continued without improvement.

The example cited by the *Druggists' Circular* could be paralleled by other public endorsements of pretentious preparations by the editor of the *Times and Register*, but it would be a waste of time to do this in view of his public avowal that "clap-trap" is legitimate in the practice of medicine and in the manufacture and sale of drugs.

When all physicians appreciate what this implies they will probably agree with us that such editorial methods are a disgrace to medical journalism, and that they deserve to be exposed and stigmatized by all honest men.

WHAT IS A HOMŒOPATH?

It is interesting to note that, at the last meeting of the American Institute of Homœopathy, which was held at Lake Minnetonka, Minn., a proposed amendment to the by-laws, by which future applicants for membership should be required to be "Believers in and practitioners of homœopathy," was defeated by seventy-six votes to thirty-four! This is a very curious commentary upon the pretensions of those practitioners of medicine who adhere to this trade-mark. There are some things which a proper exercise of charity and a due regard for the right of individual judgment require of the candid critic; but it is straining charity a little too much to expect any candid critic —who is not, at the same time, a very timid one—to condone such inconsistency as is displayed when the representative body of homœopaths declines to require of its members that they shall believe and practice what they profess.

In strange contrast to this is the dictum of Hahnemann: "Away with false doctors, who profess to be preservers of human life, but whose heads are filled with vain deceit!" It is curious, in reading the homœopathic journals published in this country, to see how they dodge around occurrences of this kind, and how entirely they fail to appreciate the moral aspect which they present to those who believe that the same principle should rule in medicine as rules in every other department of science or art.

STATE BOARDS OF HEALTH.

Most State Boards of Health seem to have a pretty hard time with the politicians. This is remarkable, in view of the well-known devotion of the average legislator to the cause of science and everything which works for the health of his constituents. In Illinois a strong effort was made recently to prevent the passage of the usual appropriation to the State Board of Health, and some of the newspapers of that State indulged in the most unwarranted abuse of Dr. Rauch, the well-known Secretary of the Board, whose labors in behalf of the elevation of the standard of the medical profession in Illinois, and for the benefit of the whole community, have secured for him the respect and admiration of almost all the physicians of this country.

For the present the attack on the Illinois Board of Health has not succeeded, but it is not unlikely that it will be renewed. In view of this probability, it is to be hoped that the physicians of Illinois will try to adopt some means besides passing resolutions to support their Board of Health, and to show their legislators that there is an influential class in the community interested in maintaining its existence and work.

In Kansas an extra session of the Legislature was recently convened to appoint a State veterinarian at a salary of $3,500, while the last Senate voted to abolish the Board of Health, whose Secretary was receiving a salary of $2,000. This is the way in which the State Board of Health is looked upon in Kansas.

State Boards of Health are by no means infallible, and sometimes they do not accomplish as much as is expected of them; but it is safe to say that under the existing circumstances in this country, they do a great deal of valuable work for the citizens, so that their labors deserve to be heartily supported, and the field of their usefulness should be enlarged as much as possible.

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BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

JAHRESBERICHT UEBER DIE FORTSCHRITTE AUF DEM GEBIETE DER GEBURTSHILFE UND GYNÄKOLOGIE (ANNUAL REVIEW OF PROGRESS IN THE FIELD OF OBSTETRICS AND GYNECOLOGY). Edited by PROFESSOR DR. FROMMELL, of Erlangen. First year. Review of the year 1887. 8vo, pp. iv, 553. Wiesbaden: J. F. Bergmann, 1888.

This "Jahresbericht," on the same excellent plan as the *Jahresbericht* of general medicine, by Virchow and Hirsch, is an example of the splendid contributions to scientific contemporary medicine which the Germans have successfully made up to the present time. In the preparation of the present volume, the Editor has had the collaboration of the following men, whose names are well known to those familiar with the literature of obstetrics and gynecology: Ahlfeld, of Marburg; Hofmeier and Bumm, of Würzburg; Loehlein, of Giessen; Sänger, of Leipzig; Schwarz, of Halle; Stumpf, of Munich; Veit, of Berlin; and Wyder, of Zürich. The book gives synopses of the vast number of papers, on the two subjects named, which appeared during the year 1887. These are presented in such compact and accessible form that the work is almost indispensable to the busy man, who desires to keep up with the most recent literature, but who lacks either the time or the ability to consult the original papers. It is to be hoped that this, the first volume, will be followed by many others of equal merit.

MEDICINE IN THE MIDDLE AGES. Extracts from "Le Moyen Age Médical," by DR. EDMOND DUPOUY. Translated by T. C. MINOR, M. D. 8vo, pp. 99. Cincinnati: Robert Clarke & Co., 1889.

This volume is a reprint of a series of translations contributed by Dr. Minor to the *Cincinnati Lancet-Clinic*, and published in that journal from December 1, 1888, to February 16, 1889. In the first part of the book the author gives an interesting but very brief account of Medicine in the Middle Ages, from the fourth to the seventeenth century, in which time the practice of medicine passed gradually from the hands of priests, midwives and barbers, and became recognized as a profession. Some useful information is given of the practice of the people of this age as regards bathing. The second chapter, on The Great Epidemics of the Middle Ages, is full of valuable information. The testimony adduced to prove the antiquity of syphilis and other venereal diseases seems to be conclusive. The third chapter treats of the Demonomania of the Middle Ages, and is instructive, especially to the psychologist and to the specialist in nervous disorders. The fourth chapter, on Medicine in the Literature of the Middle Ages, concludes the book. It contains extracts from a number of early writers, in which for the most part medical men do not appear to advantage.

As a whole, the book is readable and instructive. It shows the great progress which has been made since the middle ages in both the science and the art of medicine, and should be perused by every one who has an overweening fondness for praising the medicine of the ancients. The absence of an index impairs the usefulness of the book.

DISEASES OF WOMEN: A MANUAL OF NON-SURGICAL GYNECOLOGY·DESIGNED ESPECIALLY FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. BY F. H. DAVENPORT, A. B., M. D., Asst. in Gynecology, Howard Medical School, etc. 12mo, pp. xiv, 317. Illustrated. Philadelphia: Lea Brothers & Co., 1889. Price, $1.50.

This work is not intended to be a treatise upon gynecology, but "to give the student clearly, but with considerable detail, the elementary principles of the methods of examination, and the simple forms of treatment of the most common diseases of the pelvic organs; and, in the second place, to help the busy general practitioner to understand and treat the gynecological cases which he meets with in the course of his every-day practice." "Pathological anatomy has been left out." We believe, with the author, that there is need for a book having the scope of this one—perhaps with the addition of a succinct description of the pathology and etiology of the conditions considered—as the more cyclopedic works devoted to this subject contain much matter that is of interest only to the specialist.

Dr. Davenport is at his best in describing the methods of examination, the details of every-day treatment, and the manner of using those instruments which must be constantly used by one who treats the diseases of women. We cannot agree with him, however, in the advice which he gives on page 165, that it is wise to pass the probe in all cases, unless some contra-indication is found, such as recent cellulitis, pregnancy, etc. It is best for all practitioners to use the probe only after a thorough study of a case, and especially is this true for those who are not expert in making the bimanual examination. Otherwise abortion, or attacks of salpingitis and so-called metroperitonitis, will not infrequently result.

The chapters devoted to disorders of menstruation are perhaps the best in the book. Very plain directions are also given for the fitting of pessaries.

The local therapeutic measures described in this book are supposed to be carried out with the woman in Sims's position. This detracts from the value of the book, as general practitioners usually—and we think wisely—leave this awkard method to the few specialists who advocate it. The most serious criticism which we have to make is, that the author fails to appreciate the advances which have been made in the last ten years in our knowledge of diseases of the uterine appendages, and the relation which these diseases bear to pelvic peritonitis, and displacements of the uterus. The views which are advanced in the book before us as to pelvic inflammation are those which were current ten years ago and not those of the present day.

These defects in Dr. Davenport's book it is our duty to point out to our readers, while, at the same time, we testify our appreciation of its good points, one of the best of which is the clear and satisfactory way in which the treatment of the various disorders considered is presented.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By JOSEPH LEIDY, M. D., LL. D., Professor of Human and Comparative Anatomy and Zoölogy in the University of Pennsylvania, etc. Second edition, rewritten. 8vo, pp. 24, 950; with 495 illustrations. Philadelphia: J. B. Lippincott Co., 1889. Price, cloth, $6.00.

This volume is not a compilation from the writings of other anatomists, but is in large measure the record of the personal work of a man who for nearly forty years has made a most thorough, careful and systematic study of anatomy. Dr. Leidy is deservedly eminent for his familiarity with all departments of the science of biology, and is perhaps better fitted than any man in this country to write a profound and exhaustive treatise on anatomy; although it is characteristic of the author that there is an entire absence of display of this learning in the present work. The students of the present day are to be congratulated on having presented to them in this "Anatomy" the ripest fruits of the author's study and observation, in language as simple and direct as it can well be made. The book is what its title indicates—an elementary treatise. All unnecessary words and details are avoided in description. Only one name for an organ or part is used, as a rule, and that one has been selected which has appeared to the author to be the simplest and most expressive of its character.

The book is admirably printed, in large clear type; the illustrations, many of which are original, are excellent; and the size and plan of the book make it desirable as a hand-book for students.

Dr. Leidy has continued, in the present edition, his effort to improve the nomenclature of anatomy by rendering names of foreign etymology into English, and by avoiding the use of names of persons in connection with the description of parts. In the latter effort he succeeds very well; in the former he fails, we think —as any one must—because a change of this sort is sometimes absolutely unattainable and sometimes impossible of attainment without the sacrifice of features quite as important as simplicity.

For example it is not a simplification but a perversion to change "*foramen*" into "window." The thing described as a foramen in anatomy is not a window—although window be a correct translation of the word. As "foramen," it is clear and unmistakable; as "window," it is confusing and suggestive of a misapprehension. This is a case in which the change cannot be an improvement because it does not really simplify. In other cases the changes suggested by Dr. Leidy do simplify, but at a sacrifice of the beauty of language. In other cases the attempt at simplification seems to have hesitated before the consequences of consistency and thoroughness, and we find hybrid terms, such as "long pollical flexor," "terete pronator," "minimal extensor," and "hallucal extensor." Such names are neither Latin nor English, nor are they as intelligible as they would be if left as generations of anatomists have put them, or if put into absolute English, as: the long flexor of the thumb, or great toe, or the round pronator (pronator cannot be translated in a word) and so on.

In regard to this feature of Dr. Leidy's book we cannot but think he has made a mistake. In every other regard it is one which will add to the lustre which already surrounds his name: a good, safe, honest book, which rests on a foundation of broad and sound learning, and many years of teaching.

LITERARY NOTES.

Owing to contemplated changes, the ***Columbus*** (Ohio) ***Medical Journal*** is for sale, at a bargain. The publishers state that they are prepared to show that it is desirable property. Here is another chance for the great absorber.

NOTES AND COMMENTS.

Justifying a Fraud.

One of the most striking instances of how low a physician, medical editor and professor can be debased by the improper influences of unprincipled manufacturers will be found in an article on page 278 of the Philadelphia *Times and Register* for July 20, 1889.

In this article on "A New View of a Certain form of Substitution," the editor in a labored argument tries to prove that the manufacturers of Febriline, which in our May number we showed to be a most pronounced fraud, were justified in deceiving physicians in regard to its composition. Febriline was put on the market as a tasteless preparation of quinine. Dr. Eccles showed that it had no quinine in it at all. The *Times and Register* concludes its argument for fraud in the drug business in the following ingenious but dishonest way: "Now, if it be pardonable to mystify a patient a little by a bit of clap-trap, and no physician can succeed who fails to array the mental forces of his patient on his side, is it not equally justifiable for the druggist to do the same to the physician, if the conditions are alike?"

We do not think that the whole history of medical journalism could show an instance similar to this; one in which fraud and deception are advocated in so barefaced and bold a manner by one who poses as a medical teacher and writer; and who ought to know better than to so insult physicians and druggists.

It would be interesting to know if the faculty and trustees of the Medico-

Chirurgical College of Philadelphia indorse this new movement, and if students at that college are to be taught that druggists and manufucturers are justified in using clap-trap and fraud to deceive physicians.

It would also be interesting to know if the subscribers and advertisers who are patronizing the *Times and Register* will approve of this "new view" to a sufficient extent to continue their support of a journal that openly advocates fraud and deception. —*Druggists' Circular*, August, 1889.

Pseudo-Hydrophobia.

In an interesting communication in the *Atlanta Med. and Surg. Journal*, July, 1889, Dr. H. McHatton, of Macon, Ga., writes as follows: In May of last year I had a so-called case of this disease, that in my estimation is a fair type of the majority of the cases that run through the daily papers in a sensational manner, as this one did. A planter of this city requested me to go to his place to see the case, saying that it had been so diagnosed by his neighboring physicians and a fatal prognosis given. I being unable to attend requested him to have the case brought to this city, and I would bear all expenses if it proved to be hydrophobia. Several days afterwards I heard a commotion at my office door, and was surprised to see three negro men bringing a small boy with his hands tied up in bags. This proved to be my case of hydrophobia, with the following history:

Negro boy, 11 years old, while kicking at a dog had his bare foot bitten; several days afterwards in play with some other children, he snapped at one of them. The cry of "gone mad" was immediately raised. For the next seven days he had from ten to twenty convulsions a day, and was tied or held most of the time; he was brought to me the 14th day after the bite and the seventh after the first convulsion. The wound on the foot had healed, and his general appearance was good. As soon as he got into the office a seizure began, and lasted about thirty minutes. There were contractions of all the limbs, but they were neither constant nor rhythmical; only the whites of the eyes were visible. The facial expression was sardonic; the mouth was full of froth; there was apparent loss of consciousness; still he bit and snapped at everything in his reach. Not allowing him to be held, I watched him through the entire seizure, and will say that it was anything but a pleasant sight. I prescribed fair doses of a bromide and an anthelmintic, with orders to use no force to restrain him, telling him that he was no more mad than I, and would soon be well. In three days his father returned, reporting that the day after leaving my office he had passed a large lumbricoid worm, and had only had a few slight convulsions since, all of these at the sight of a certain playmate. Bromides were continued, and he was told that the next convulsion would be the signal for a first-class whipping, which dose has never been required.

From close observation and considerable interest in this case, it is my honest opinion that had he remained in his first surroundings the boy would have died.

Treatment of Rattlesnake Bite.

Dr. S. Weir Mitchell contributes to the August *Century* a profusely illustrated article on "The Poison of Serpents," in which he says: "I am often asked what I would do if bitten while far from help. If the wound be at the tip of a finger, I should like to get rid of the part by some such prompt auto-surgical means as a knife or a possible hot iron affords. Failing these, or while seeking help, it is wise to quarantine the poison by two ligatures drawn tight enough to stop all circulation. The heart weakness is made worse by emotion, and at this time a man may need stimulus to enable him to walk home. As soon as possible some one should thoroughly infiltrate the seat of the bite with permanganate or other of the agents above mentioned. By working and kneading the tissues the venom and the antidote may be made to come into contact, and the former be so far destroyed. At this time it becomes needful to relax the ligatures to escape gangrene. This relaxation of course lets some venom into the blood-round, but in a few moments it is possible again to tighten the ligatures, and again to inject the local antidote. If the dose of venom be large and the distance from help great, except the knife or cautery little is to be done that is of value. But it is well to bear in mind that in this country a bite in the extremities rarely causes death. I have known of nine dogs having been bitten by as many snakes and of these dogs but two died. In India there would have been probably nine dead dogs."

Treatment of Dysentery.

Dr. L. H. Davis, of Harrisburg, Arkansas, writes to the *Memphis Medical Monthly*, May, 1889, stating that he has found the following combination for a suppository very efficacious in acute dysentery. He uses it after a saline aperient, and has found it more successful, in quite a number of cases, than any other treatment. He says it has proved especially applicable when an irritable stomach was present from the first, thus preventing the satisfactory use of ipecacuanha:

℞ Cupri sulphatis,
Zinci sulphatis,
Morphinæ sulphatis . . . . . āā gr. ij
Plumbi acetatis . . . . gr. iv
Ol. theobrom . . . . q. s.
M. Ft. suppos. No. viii.
Sig. One to be introduced as indicated, or after each action of the bowels.

He usually follows the saline by the internal administration of tincture of nux vomica and quinine, and a restricted diet.

Humorous View of a Physician's Life.

The life of a Dakota physician is graphically pictured in a paper contributed to the *Georgia Eclectic Medical Journal* by a man who practises medicine in Madison, South Dakota. The history of the medical work of two days during what he calls the dull season is very diverting. He has no hesitation in treating a case of erysipelas, seven miles away, on the patient's own diagnosis; cures "a stitch in the side" with "F. E. asclep. tub. ʒ ss;" braces up an old man with "snakes in the boots," so that he can attend his son's wedding; rescues several other patients from death's door; makes in one day five visits, one seventeen miles away; and attends to two office patients, and charges for the whole the moderate sum of fourteen dollars. But what is most impressive is his advice to young doctors about going to church—advice which is admittedly excellent and practical, but which places the duty of church going upon a rather singular basis. Indeed, the writer's state of mind suggests that of the young physician who is said to have hesitated whether he had better join a church or a fire engine company. Here is what the Dakota doctor says about it: "I went to church and Sunday school, and if any of you young M. D.'s do not attend S. S., you begin, as it will help you to a good class of patients, besides its grave duty as a gentleman and a man of education. I have a class of young misses, and am sure they help me to as many patients as any of my friends, besides, you had better be at church than hanging around the streets or saloons."—*Northwestern Lancet*, July 1, 1889.

Formula for Salicylic Acid in Skin Diseases.

Dr. Frank M. Scott, of Scandia, Kansas, writes to the *Medical Age*, May 10, 1889, that he has employed the following formula in a case of chronic eczema of the hands with marked success:

℞ Acidi salicylici . . . . ʒ ij
Acidi borici . . . . ʒ iss
Sodii biborat . . . . ʒ ij
Alcoholis,
Glycerini . . . . . . āā q. s. ad f℥ iij
M. et ft. lotio.

There was immediate improvement, and by sticking to the above treatment for three months, the patient's hands became comparatively well. Dr. Scott says that he has also found the combination useful in hyperidrosis—or hypertrophy of the sweat glands—of the palms of both hands, and in bromidrosis of the feet. He generally incorporates about ten drops of oil of bergamot with the formula, to give it an agreeable smell.

Aphorisms on Fracture Treatment.

Mr. Robert Jones, of Liverpool, says: that success in the treatment of fractures depends on early reduction of deformity; careful and accurate apposition; fixation of the fracture without undue pressure and interference with the circulation; appropriate continuance of restraint; no interference with the dressing when the patient is comfortable, without pain, the bones in good apposition and fixed.

Early reduction offers great advantage over delayed one, because the contours of the parts are least changed and apposition more easily and accurately effected.

Perfect fixation can be accomplished only by including the adjoining articulations. The material for fixation is optional, is available as long as it answers its purpose. Almost anything will do in the hands of a judicious surgeon. The dressing should be snug but not compressing. Flannel bandages are more elastic and less shifting than muslin, and therefore preferable. Harness leather splints for the upper extremities are commendable, being cheap, pliable and obtainable everywhere. Metallic splints expressly made for the patient and of accurate fit, or plaster of Paris bandages strengthened by leather strips, doubly inclined apparatus for fractures of the thigh, without extension, will answer best. If harness leather is used, it should be softened in lukewarm water so as to render it more pliable. Hot water destroys the leather.

Too tight fracture dressing interferes with the nutritive supply, and the formation of callus; it may lead to decubitus and mortification of the limb.

Frequent disturbance of fracture dressing may prevent union, as we have seen it, and give rise to suits for malpractice.—*Medical Chips*, June, 1889.

Dr. McDow's Acquittal.

The acquittal of Dr. McDow, charged with the murder of Captain Dawson, of Charleston, S. C., was, in the opinion of some of our contemporaries, a clear miscarriage of justice. The fact that Captain Dawson was shot in the back and from above indicates that the shot could hardly have been fired in self-defence. Outside of the testimony relating to the crime itself, it appears that a physician, who had attempted to debauch a young woman, killed the man who reproached him with his crime and threatened him with punishment for it, and is acquitted amid the plaudits of his friends.

Dujardin-Beaumetz's Treatment of Diarrhœa.

In acute diarrhœas Dujardin-Beaumetz recommends the following treatment: Give every half-hour a tablespoonful of the following potion:

℞ Subnitrate of bismuth . . . . . ʒ iij
Sydenham's laudanum . . . . . fʒ iij
Infusion of spearmint . . . . . fʒ vj
Infusion of slippery elm . . . . f℥ ij
Syrup of rhatany, q. s. to make . f℥ iv

The diet should be confined during the attack to albuminated water (raw white of egg beaten up in cold water and sweetened to suit the taste), and in cases of great violence the treatment should be supplemented with enemata of starch and laudanum. The editor of the *National Druggist*, June 15, remarks with reference to this treatment that the egg-and-water diet will of itself arrest many cases of diarrhœa. In spite of its insipidity patients soon become fond of it, and will consume large numbers of eggs prepared in this manner daily. A little flavoring may be added should it pall upon the taste—a sprinkling of nutmeg or lemon-peel grated in is excellent.

Clysters of Narcotic Agents.

M. P. Vigier, says (*Union Pharmaceutique*) that in prescribing enemata for the purpose of producing sleep it is customary to use tincture of opium, hydrate of chloral, etc. The tincture of opium should be denarcotized; it is thus preferable to laudanum, as it calms, without producing the disagreeable sequelæ of the latter. Injections of chloral hydrate are frequently so painful and irritating as to prevent the end they were intended to accomplish. The previous injection of a few drops of denarcotized tincture of opium will usually prevent this. A better plan, however, is to prepare enemata of such hypnotics as chloral (30 grains), sulphonal (30 grains), or hypnone (15 or 20 minims) in a mixture of gum açacia and oil of sweet almonds, after the following formula:

℞ Hypnotic (as above).
Gum acacia, powdered . . . . . grs. xlv.
Oil of sweet almonds . . . . . fʒ iss.
Water . . . . f℥ iv.

Mix the oil and gum in a mortar, add the hypnotic (if hypnone, add drop by drop), and then the water, little by little, using the pestle vigorously all the while. In five minutes a perfect emulsion will result, which will be found nearly or quite unirritating to the rectal mucosa.—*National Druggist*, June, 1889.

Hamamelis in Typhoid Fever.

At a recent meeting of the Chicago Pathological Society, Dr. John D. Skeer said that his last case of hemorrhage of the bowels yielded very readily to teaspoonful doses of the extract of hamamelis, given every fifteen or twenty minutes, together with hot clove tea and brandy. The hot pack was applied over the abdomen. The patient made a good recovery. The hamamelis seems to pass into the bowels more readily than any of the other astringents.

NEWS.

—Dr. R. J. Hall has resigned his position as Professor of Anatomy in the College of Physicians and Surgeons, New York.

—The twentieth annual session of the Medical Society of Virginia will convene in Roanoke, Va., commencing Tuesday, September 3, 1889.

—Dr. Smith, medical attendant at the leprosy lazaretto at Tracadiz, N. B., states that there are three distinct cases of leprosy on Cape Breton Island, N. S.

—Dr. Henry C. Coe has been appointed Professor of Gynecology in the New York Polyclinic, to fill the vacancy made by the death of Dr. James B. Hunter.

— Dr. A. E. Jones, of Cincinnati, familiarly known as Colonel Jones, was murdered by his colored hostler, July 27. The object of the murder seems to have been robbery, and its details are unusually atrocious.

—The seventh special meeting of the Fifth District Branch of the New York State Medical Association will be held in Port Jervis, Orange County, N. Y., August 27, 1889. A full and successful meeting is hoped for.

—The White Mountains Medical Society will hold its semi-annual meeting at Hanover, N. H., August 1 and 2, in conjunction with the Connecticut River Valley Medical Society and the White River Medical Society. Dr. G. W. McGregor will preside, and members of the faculty of Dartmouth Medical College will take part in the proceedings.

—There is some excitement in Pittston, Pa., over what are supposed to be insurance murder cases. The bodies of a man and his wife were exhumed from the Pittston Cemetery July 9, and a Philadelphia chemist is said to have discovered arsenic in the stomach of the woman. The other body has not been examined. The alleged murderers, a son of the murdered people and his wife, are in jail.

—The Pennsylvania State Pharmaceutical Board has issued a circular calling the attention of druggists who failed to register under the law of May 24, 1887, to the fact that the supplemental act, approved May 4, 1889, allowing ninety days from that date for the registration of those who failed to secure such registration under the original act, expires on August 2, and no extension of the time can be granted.

—At the last meeting of the Ontario Medical Association the following officers were elected:

President—Dr. J. Algernon Temple; Vice-Presidents—1st, Dr. Lundy, Preston; 2d, Dr. G. Shaw, Hamilton; 3d, Dr. K. N. Fenwick, Kingston; 4th, Dr. Hanley, Waubashene; General Secretary—Dr. D. J. Gibb Wishart, Toronto; Treasurer—Dr. E. J. Barrick, Toronto; and Assistant Secretary—Dr. W. P. Caven, Toronto.

—The American Association of Obstetricians and Gynecologists will hold its next annual meeting at the Burnet House, Cincinnati, September 17, 18, and 19, 1889. No formal invitations will be issued to non-members, but the Association extends a cordial invitation to such members of the profession as may feel interested, to attend the meeting and participate in the proceedings. The papers and discussions will embrace subjects pertaining to obstetrics, gynecology, and abdominal surgery.

—Reports to the State Board of Health of Michigan, for the week ending July 6, 1889, indicates that diarrhœa and cholera morbus increased, and bronchitis, intermittent fever, and tonsilitis decreased in area of prevalence.

At the State Capital the prevailing winds, for the week ending July 6, were southeast, and compared with the preceding week the temperature was higher, the absolute humidity and day ozone were more, the relative humidity was less, and the night ozone was the same.

—The tenth International Medical Congress, to be held at Berlin, will open August 4, 1890. The proceedings will terminate on August 9. A general meeting of representatives of all the medical faculties and societies in Germany has been called by Professors Virchow, von Bergmann, and Waldeyer. It will meet at Heidelberg on September 17, to discuss the arrangements to be made for the congress. Among those expected to be present at this conference are many well-known medical men of Germany. Among other names are those of von Ziemssen, Biermer, Czerny, von Zehender, Schwalbe, Lichtheim, Weigert, Trendelenburg, Mosler, Binz, Hegar, Leichtenstern, von Zenker, Schönborn, Naunyn, Graf, His, and Hitzig.

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CLINICAL LECTURE.

LACERATION OF THE CERVIX: CANCER OF CERVIX IN PREGNANCY: RETROVERSION OF THE WOMB.[1]

BY WILLIAM GOODELL, M. D.,
PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

I intended to-day to operate before you on a case of unusually large ovarian cyst, but my patient suddenly changed her mind. I had, therefore, to bring before you the first case upon which I could lay my hands.

Before introducing the subject of to-day's lecture, let me speak to you about the two oöphorectomy cases on which I operated in this amphitheatre at our last two clinics. The woman on whom I operated last week is now doing very well, although at first she had some rise of temperature—higher than is customary in my cases. I have thought that it might be attributed to my not using a drainage tube. However, the patient has done, on the whole, very well. The woman upon whom I operated two weeks ago to-day has done extremely well from the first.

Operation for Laceration of the Cervix.

The case that I bring before you to-day is one which has some singular features. The patient is a married woman, thirty-six years old, and yet she has not menstruated for two years. She has had two labors at term and one miscarriage. She has, in addition to the lacerated cervix, a tear in the perineum; but upon the latter I shall not operate to-day.

I would emphasize the fact that so premature a cessation of menstruation is not common in women who have borne children—not then, indeed, unless they are very anemic, which is not the case with this woman. Now, in these cases of extreme anemia, especially in old maids, the condition of nerve prostration is liable to develop points of tenderness in different parts of the body, especially over the tracks of large nerves, as in the back or hip, causing a pseudo-lumbago, or sciatica. The ovaries, especially the left one, are liable thus to become the seat of a painful hyperæsthesia, which may kindle up stable and unstable reflexes in different parts of the body, and thus derange the whole economy. I should like, too, to have asked her before she was etherized whether she has, in addition to the general ovarian pain, any disagreeable feelings in the act of coition and, especially, whether she has been having a "white menstruation"—in other words, an abundant leucorrhœa. Dr. Taylor, who has been treating the patient, tells me that the former is exceedingly painful and the latter very profuse.

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[1] Delivered at the University Hospital.

Before beginning the operation for the laceration, I shall scrape the inside of the womb. But you should avoid the use of the word "scrape" to patients. It conveys the idea of harsh treatment, and you must use the more elegant term—"*curette.*" But with us a spade is a spade, and so I designedly use the word "scrape," which indicates exactly what I am about to do. For in the condition of chronic hyperemia of the womb, caused by the irritation of an old tear, the endometrium becomes thickened and covered with so-called vegetations. These keep up a profuse leucorrhœal discharge and, at times of menstruation, often cause a much greater flow than is natural. For curetting I generally use a Sim's sharp curette. If this is too large to pass, I use a much more slender German instrument. In this case, after syringing out the vaginal canal with a one to two-thousand bichloride solution, I find the os too narrow to admit the larger and more efficient instrument. I, therefore, gently use the dilator, after which I scrape the whole uterine cavity and remove many vegetations.

But to proceed with our operation for the cervical laceration: I first fix upon the position of the new os, and there pass a stout linen thread, such as shoemakers use. With it I purpose gently to drag down the womb, so that it shall come within easy operative reach. But just here an embarrassing difficulty meets me. I find that the womb, on account of plastic adhesions from an old peritonitis, is so fixed as to resist traction. This immobility will add some trouble to the performance of the operation. Let me here remark that her amenorrhœa is possibly due to some serious lesions in the uterine appendages, caused by the peritonitis, which may disorganize the ovaries and block up the oviducts. Yet I cannot discover any such lesions in the case before us—lesions which would keep me from operating on the cervix.

I denude the lower edges of the cervical wound first; because, were I to begin on the upper edges, I should be hindered in my work afterwards by having the blood flowing upon the lower surface. I denude at a short distance on each side of a ribbon of mucous membrane which is left intact in order to form the future os and cervical canal.

As many of you cannot see what I am doing just now, I shall make some general remarks on the subject. In the first place, it has been said that it is useless as well as dangerous to operate on a laceration of the cervix after an attack of peri-uterine inflammation, or pelvic peritonitis, as it is more generally called. For the appendages have then become so disordered as readily to inflame on the slightest provocation. Hence the proper operation would be the removal of the damaged organs.

This statement contains truth but not the whole truth. There is undoubtedly danger of relighting an old peritonitis by the operation upon a torn cervix. But, if the cervix be operated on while it is *in situ*, and with very little traction on it, the danger of inflammation is very slight. In answer to the second and third statements, I would say that, while from peritonitis, and especially recurrent attacks of peritonitis, an ovarian or tubal disease may be caused that might be relieved by a formal oöphorectomy, yet I have seen cases of this kind in which there was constant ovarian trouble, so much benefited by an operation on the torn cervix, that the graver operation was no longer necessary. This question, too, is often asked: When shall we operate on the torn cervix? Now, if the laceration is not a bad one, if the eversion is moderate, and if there is no history of cancer in her family, we can afford to wait. But if the eversion is great or there is a distinct history in her family of carcinomatous disease, I shall proceed to operate at once. I can recall the case of a woman whose grandmother had a cancer of the womb, whose mother died from a mammary cancer, and whose uncle had a malignant growth in the stomach. Such a record as this should warrant an immediate operation upon any cervical tear. For it is a fact that cancers of the cervix come almost invariably from cervical tears. Another case occurs also to my mind. The patient was the wife of a physician, and was sent to me in her fifty-second year, on account of vaginal hemorrhages. She had ceased to menstruate for some years, when she was surprised to see the return of her periods, as she supposed. At this she was not altogether ill-pleased; for women are flattered by this evidence of apparent rejuvenescence, just as old men are proud of becoming fathers late in life.

Upon examining the cervix of this patient, I found that an epithileal cancer was not only present, but that it had advanced too far even for a palliative operation. The disease had sprung from a tear in the cervix, which could readily be made out.

But, returning to the *technique* of the operation, I have denuded the lower flap of the torn cervix and left at the site of the future canal an undenuded ribbon of mucous membrane. I shall do the same with the upper flap, leaving an undenuded part to correspond exactly with that of the opposite side. I now pass in the sutures, consisting of number thirty-one silver wire. I generally use eight of these sutures; sometimes one or two more. Before I run down each shot and clamp it, Dr. Taylor syringes the part with a one to two thousand solution of bichloride of mercury. This disinfects the parts and washes away clots. We now count the sutures and take a memorandum of their number, for it is mortifying to overlook a buried suture when the time comes to remove them, as I have done until I made it a rule to note down their number.

I now make sure that there is no bleeding of the wound; for it is the extreme vascularity of the part that renders this one of the most successful operations in surgery. Finally, after asking Dr. Taylor thoroughly to syringe out with the bichloride solution the whole vagina, thus being certain to remove all clots which are likely to putrefy, I am ready to have the patient carried out.

Had I found one of the sutured tracks bleeding, I should have passed in deep below it another suture, thus compressing the vessel. If in a few hours the patient should be bleeding badly, I order the vagina to be syringed thoroughly with hot water. If this does not succeed in checking the hemorrhage, I draw the womb down gently and put in one sponge between the anterior part of the cervix and the posterior part of the bladder, another sponge between the posterior lip of the cervix and anterior wall of the rectum, and press another sponge against the os itself. Latterly I have not been drawing off the water after these operations, and the patients have got on as well as when I did. After forty-eight hours the vagina will be syringed out daily with a 1 : 4000 solution of the bichloride. These mercurial solutions can be used freely, even in stronger proportions—say 1 : 500—upon external surfaces, from which they can be washed off; but mucous surfaces absorb very readily, and I therefore use weak solutions in the vagina.

Cancer of the Cervix in Parturition.

While I was operating upon this woman, my son told me that he thought one of our patients in the Hospital was in labor. She is in the ninth month of pregnancy, and has a cancer of the neck of the womb. While we are waiting for our second patient to be etherized, I shall bring this woman before you, to see whether she is in labor, to point out some of the signs of pregnancy, and to make some remarks upon her individual case.

You see the enlarged and darkened areola around the nipples, and also the enlarged glands of Montgomery. If she were not so anemic, I should obtain a much larger quantity of colostrum than I am now getting by pressing upon the nipple. I next make a digital examination. I cannot tell by the condition of the cervix whether she is pregnant or not; because it is hardened by a cancer, which has recently been curetted by my son. I do not think that she is in labor, and I am glad she is not; because the cervix is undilatable from the cancer, and she and the child would perish, unless the Cæsarean section or the Porro operation is done, and I am not ready at this moment to perform it.

You may ask me why I have not induced an abortion. Had I seen her early enough I might have done so. But she did not come to us until she was so far gone that an abortion would have been as dangerous to the mother as a delivery would be at term, I am therefore keeping her in the Hospital until full term is nearly reached, when I shall perform a Cæsarean section.[1]

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[1] This operation was successfully performed in the amphitheatre on the woman by Dr. Goodell a week later.

Chronic Ovaritis, with Retroversion.

I now show you the second case. The patient has been married one year. She has had no labor, no miscarriage and no peritonitis; yet her health is broken down and she has pain in both ovaries, especially in the right one, during coition. As these symptoms come on after marriage, I fear that there is some specific disease. Upon examination I find, in the first place, a retroversion of the uterus. Upon introducing my finger into the vagina and pressing upward, while I gently press down upon the abdomen, with the other hand, I can feel the right ovary enlarged and fixed. I should say that it is adherent to the broad ligament, and there is also what appears to be an enlarged tube. The left ovary is not bound down, but retreats upon pressure. Now, introducing the sound into the womb, I find that it can easily be raised into position. Therefore, I do not feel warranted in operating until I know more about the case. In the meantime, while she is in the Hospital and her case is under observation, I shall prescribe the bromide and chloride of ammonium and introduce a suitable pessary which will lessen the now strong tendency of the womb to be pulled back. This symptom points to cicatricial contraction of the broad ligament, probably from specific inflammation. I have often noticed that when gonorrhœal, or septic infection, has caused disease of the ovaries, these women, especially when their nervous ills have been cured, get on very well, and at the change of life their local symptoms become less exacting. Also that tubal and ovarian disease, however serious, very rarely causes sudden death, so that the sufferers often can afford to wait and see the result of constitutional treatment. Yet in serious trouble with the appendages, pointing to pus sacs, the only rational treatment is that of extirpation of the diseased organs.

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—Dr. H. M. Wheepley says that those who make many balsam mounts at a time soon find that a number of clips are required to hold the cover glasses in position until the balsam hardens. The clips in the market cost from seventy-five cents per dozen upwards. He has found it much cheaper and just as convenient to make his own clips from ordinary hair-pins, as proposed by Professor Wall. Such clips will cost about five cents per dozen.

COMMUNICATIONS.

NOTES ON SURGICAL DISEASES OF CHILDREN.[1]

BY EDWARD BORCK, A. M., M. D.,

ST. LOUIS, MO.

What little I have to communicate upon the surgical diseases of children is based upon personal practical observation. It may not contain any very new information, but as we are all interested, it will add at least something to our treasures of knowledge and experience. As such I offer the following remarks, leaving out all theory, criticism, and quotations.

CONGENITAL.—*Hare-Lip.*—For a single, simple hare-lip, after having tried the various methods known, I operate now with the object of not losing or destroying any tissue if possible. I insert a very fine needle-knife and pierce through the lower margin of one corner of the lip, sweeping the knife around to the opposite corner, thus leaving a complete and continuous bridge between the two parts of the lips. I then pull it down, uniting the wound with three or four fine cambric needles deeply inserted. Upon the needles a small piece of cork is put, on each side. A single figure-of-eight ligature is employed to hold it in its place, and the whole is pencilled over with flexible collodion. In youths or adults I use small glass beads instead of cork, two or three on each needle. If swelling should occur I can break one or more beads and thus relieve the tension. I prefer to operate as soon as possible; the earlier the better for the unfortunate creature, and the better success for the surgeon. The advantage of this plan is that the cork as well as the glass does not irritate the skin, and if any swelling should occur the ligature can be loosened without risk of separating the wound. The cork retracts slowly and enough to correct this swelling. Not dividing the lower margin in two nor sacrificing any tissue, leaves me a complete natural bridge, a great advantage in cases in which union by first intention is not obtained. It also fills up the gap better. The objections that one may raise who never has tried this plan may be that it leaves a pendulum or a flap hanging down; but if you have patience and wait, that which at first may seem a little unsightly to the eye, will in a few months disappear—so to say, it will be appropriated or absorbed by the surrounding tissue. If, however, there remains a small protrusion, it can easily be removed with the knife to suit the case, and a much better result is obtained.

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[1] Presented to the Section on Diseases of Children, at the meeting of the American Medical Association, at Newport, R. I., June 28, 1889.

In double, simple hare-lip, I operate on one side at a time. After a perfect or complete healing of the first, I operate on the second.

In simple, complete hare-lip, running into the nostrils, I operate in a similar way, paring the edges according to circumstances, let the flap hang down, and remove the superfluous portion, if any, some time after union has taken place.

Hypertrophy of Tonsils.—I have seen no permanent cure of this affection from any treatment whatsoever, except the complete extirpation of the tonsils, which is to my mind the only safe treatment. Sometimes a temporary relief may be obtained by other measures; but generally we find ourselves disappointed. I prefer to take out all of the gland, or as much as possible of either one or both, as circumstances may seem to demand. The slicing off of a small piece only, and depending upon the remaining portion becoming smaller by atrophy, has been to me a disappointment. I have not observed impotence in adults who have had their tonsils removed in childhood. I know a few whose tonsils I removed when they were children; they grew up and were married and their wives had children, and their offspring had all or most of the "ear-marks" of the tonsilless father; and I know more than one girl whose tonsils I removed who grew up, married, and became the mother of children.

Phimosis: Circumcision.—The frequency with which one meets with this affection and its many different degrees is remarkable; indeed, so remarkable that the question may be asked what is really considered a perfect, natural prepuce? I would answer: whenever the prepuce is so formed that the opening is sufficient to uncover the glans, or at least the greater part of it. And now I would ask, with how many such formed cases have you met? I have met very few that presented this condition. I observed closely every case when I was engaged in a pretty large obstetrical practice years ago. I admit, however, that I operated comparatively seldom during that period, and then only in the most urgent cases, letting the greater part remain undisturbed, as many other practitioners have done, and do now. What the beneficial or detrimental result of thus leaving the case to nature had in after life in each case I cannot tell, but I do know that in some of the cases on which I did not operate, I had an opportunity to correct, for some cause or another, this deformity later, during the childhood or manhood of the persons.

To the question, when and how is the operation to be performed, my answer would be, to the first: whenever indicated, and as early as recognized; to the second, operate in such a manner as to accomplish the purpose well for which you operate. Every case stands upon its own merit; no one operation, no one method answers in every case. Good judgment must be used in each case; and the kind of operation or method of operation indicated for each case should be separately selected; for the promiscuous slicing off of a piece of the prepuce, clumsily done, may produce an evil as great or greater than the one which it was intended to correct. I am guided by the following, and operate accordingly: If the prepuce is very small, and the prepuce not too long, I make a simple incision with the knife upon the dorsal side, sufficient to uncover the glans completely; and in the majority of such cases, a small, or comparatively small, incision will accomplish the object satisfactorily. In cases in which the prepuce is extraordinarily long, with either a small or large opening, I prefer circumcision, removing more or less of the foreskin, as the case may require. I use a flat forceps, made out of German silver, which I hand around for your inspection. You will observe that it has a channel which is intended for the knife to pass through. The prepuce is grasped with the forceps and the knife slides through the channel. I use ligatures occasionally and occasionally operate without ligatures, as the case may demand. I take plenty of time, and try with the utmost care to make the operation as neat as possible and to leave a handsome and nice penis; so that the operation may be a credit to the surgeon, the member may be a benefit and comfort to the patient, and so that others may derive pleasure therefrom. I need not mention all the defects and ailments for which this operation is recommended, and I will not speak of the mischief that may be done by an imprudent operation; it would take up too much time. I wish to call attention only to this important observation, that in cases in which there is but a small opening in the prepuce and the prepuce is short, the glans not uncovered or has never been uncovered until maturity, there the glans is always very small and atrophied, the penis is not well developed, oftentimes very short, and unseemingly so in comparison with the other parts of the body.

I operated upon a young, handsome, well-developed married man, the son of a physician, who had congenital phimosis, and who presented the above picture. This patient informed me, as many others have done, that he never could enjoy the act of coitus; that erections were always accompanied with pain, almost to distress. He had no children. Circumcision relieved the gentleman; in time the penis was better developed, and his family increased also.

ACQUIRED.—*Fractures and Dislocations.*—Under the head of fractures and dislocations, I will state that I find the latter as a rule easily reduced and kept in place, and not often followed by unpleasant sequelæ, with the exception of dislocation of the head of the radius, which is the most difficult bone to replace; and if success accompanies the attempt, it is as difficult to keep the head of the radius in place as it was to replace it. The reasons for this difficulty are obvious.

I would also call your attention to my method of reducing dislocation of the vertebræ by suspending the patient by the head. (See case reported in the MEDICAL AND SURGICAL REPORTER, January 31, 1885, Volume LII, No. 5.)

Fractures I treat in the most simple manner. My observation has been that the more play and freedom you allow the little patient the better the result; that confinement of any kind does not suit children; it produces forced resistance and mischief. For instance, I treat fractures of the femur with a simple, single paste-board splint, extending it from the crest of the ilium to below the knee. I use a bandage and starch, employing no extension or counter-extension; I leave the child alone upon a good mattress. After union has taken place I cut off the lower part of the splint a little above the knee so as to make a short femur splint, and again allow the little creatures the free use of their limbs. I am not afraid that they will abuse it.

In fracture of the radius near the carpal joint, the best result has been obtained by me with the straight splint upon the flexor side, from the elbow to the metacarpa phalangeal joint, the fingers being left free. After union has taken place, a light pasteboard splint is applied over the radial side for a short time for safety's sake, and free use of the arm and hand is permitted.

The Epiphyses.—Separation of the epiphyses—I mean by this fracture—I see much more frequently in late years than formerly, in all shapes and forms and at all stages. Sometimes I see it directly after the injury has occurred; at other times weeks, months, and years afterwards. My observation has taught me that separation of the epiphyses of the humerus and femur are the most frequent of these accidents; and no matter at what time the injury is recognized, nor how carefully it is treated, the results are never very satisfactory. The separated epiphysis is partly or completely absorbed, and therefore we have only partial union or non-union, and the limb will have a dangling motion, though time may improve the usefulness of the limb, but the patient never recovers as well as after a fracture in other parts of the bone.

Hip-Disease.—In the second stage of hip-disease—that is, the stage of effusion—we have among other symptoms, great pain. If the case goes from bad to worse—that is, from the second to the third stage—suppuration takes place, and as soon as the capsule is perforated the pain ceases. I have therefore been led in several cases, to open the capsule by a subcutaneous incision during the second stage, with the most gratifying results. By this means I let the fluid run into the surrounding tissue to be absorbed. The pain ceases immediately, and the patient is then put in as comfortable a position as possible; the limb is easily straightened by manipulation. The best method that I have employed for straightening the limb is to put upon the patient a pair of wire breeches. No forced extension is employed. I will say that aspiration as a curative method has failed in my hands.

Extension and counter-extension, employed upon the fanciful theory that thereby the head of the femur is separated from the acetabulum, is useless. In a healthy joint it cannot be done. The two surfaces are in such close relation—move upon one another so accurately, that there is no room; the vacuum is so small, indeed, and the joint hermetically sealed, that it cannot be pulled asunder. Separation of these two surfaces can take place only when disease has destroyed the ligaments and when the capsule is opened.

Club-Foot.—I do not think that we surgeons up to the present time have accomplished all that might be accomplished for the successful treatment of club-foot, notwithstanding all the modern improvements for the treatment and cure of the various kinds of club-foot. There is not a single method ever so much praised, that will answer for all cases belonging to one or the other class of club-foot. There is no apparatus that will answer for all cases. Each case requires a careful study, and though several cases may present the same features, each separate picture may be produced by a different cause; consequently the treatment applied to one case may not answer for another. Has not every surgeon seen cases of club-foot successfully treated by one or another method, and has not every surgeon seen the same case so successfully treated by him fall into a relapse again after a time? Most certainly. Then what is the cause of these relapses? Has the fault been in our diagnosis or with our treatment? that is the question to be answered. Now it may be with one or the other, or it may be with both; or there may be something else, which as yet we do not know; but certain it is that these relapses do occur over and over again, and more often than we are willing to admit. I think that success greatly depends on the diagnosis; a careful diagnosis between physiological club-foot and congenital, pathological club-foot of the infant is of the utmost importance. The first of these, according to my observation, every infant possesses in a greater or less degree, and it is always corrected as soon as the child begins to walk; and these are the kind of cases that the child will outgrow. Now if the apparent deformity of the physiological club-foot is subjected to the treatment of a congenital, pathological club-foot, then surely there will be some mischief produced; and a permanent deformity will remain in the future. For when the child begins to walk, then the deformity will be increased and has to be corrected over again. Again, if a congenital pathological club-foot is looked upon as the natural physiological position of the feet and left to itself to outgrow, we will be sadly disappointed again; for the deformity, if not corrected early, will increase rapidly and fearfully as soon as the child begins to use its feet in walking. It is more difficult then to correct the same; the more advanced the case, the more severe treatment it takes. If no treatment is instituted the case grows worse and worse, until at last no kind of treatment will correct the error. A correct diagnosis and as early treatment as possible is essential for success. But different forms of treatment are required for the different forms of acquired or congenital club-foot. For example, to try to cure a club-foot or genu valgum, which was caused by congenital paralysis, by complicated mechanical appliances, would be in vain; and it would be useless to attempt to correct such a deformity by the operation of tenotomy, osteotomy and so forth; it would not alone be a failure, but a discredit to the surgeon.

I pursue no one method for all cases. I adapt my treatment to each individual case, and am well satisfied with the general result that I have obtained.

Tracheotomy.—This operation is a thankless one. Out of eight cases during this year, I have lost seven; one of them died upon the table. It was a child only eight years old, the only daughter, a handsome, bright child. All these cases I saw only in the last stages of diphtheria or membranous croup, being called merely to perform the operation as a *dernier ressort.* The remaining cases all lived from two to twenty-four hours. They have occupied my mind, and I have asked myself the question: What can be the cause of all these fatal terminations? I consoling myself, however, in the fact that others have had no better luck. In my seven cases chloroform was administered, and the operation done at night, by gas or kerosene light. All care was taken by myself, and the necessary attention bestowed at the time and in the after-treatment by the watchfulness of the attending family physicians. Now, whether the chloroform, or possibly the mixture of the gas or kerosene with the chloroform, may have been a factor in these cases I cannot determine; but it occupies my mind at present for solution. The eighth case, a child four years old, suffered with membranous croup and the dyspnœa was very great; the patient was almost cyanosed. I operated without chloroform and quickly, on a bright day. This child recovered after careful treatment and attention by the family physician. About twelve years ago, during a season, I performed ten tracheotomies and had five recoveries. This good fortune has not and may never again repeat itself. Tracheotomy for the removal of foreign bodies hardly ever terminates fatally.

Diseases and Injuries of the Spine.—These are very interesting studies, and under that head I will only say a few words about what is known as Pott's disease. The principles of the treatment of the trouble, though important, are very well understood; but of the pathology of this affection I think we can still learn a good deal by more close investigation. The question is: What is the general cause? This seems, even at the present day, not quite settled; the opinions are various and a few cannot give up the old inherited theory of scrofulous diathesis. My observation, studies and investigation have taught me that in by far the majority of cases, the cause of caries of the spine is mechanical injury. So with diseases of the joints, such as abscess, etc. The tubercular origin of such has not been and cannot be satisfactorily proved; it is only a convenient theory.

Mr. President, there are other interesting topics, such as congenital tumors, hernia, spina bifida, etc.; but I have already taken up my allotted time. One could write a good-sized monograph upon every single affection. The points which I have touched upon in this paper were brought forward for the purpose of eliciting discussion upon this interesting field of surgical diseases of children and thereby to obtain the views and opinions of others, in order that we might listen to the personal observation of the many distinguished gentlemen present here.

I should like to have said a few words upon laparotomy in children, but will reserve it for another occasion. I thank you for your attention.

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—At one of the sessions of the International Congress of Medical Jurisprudence, recently held in New York, a paper was read by Dr. C. H. Harvey describing a method of caring for the dead, consisting of treating the corpse to currents of dry air whereby the gases engendered by decomposition are carried off and burned, while the body remains in a permanent state of preservation, so that it can be placed in any suitable receptacle. A company, it is said, has been formed to introduce the process in large cities.

RENAL FORM OF TYPHOID FEVER.

BY M. HOWARD FUSSELL, M. D.,
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During the past year it was the fortune of the writer to meet with three cases in which acute inflammation of the kidneys was a complication of typhoid fever. These three cases will form the basis of the following remarks.

Case I.—John M., 45 years old, white, married; a man of rather dissipated habits, but so far as can be learned, never affected with any serious disease. A son had just recovered from typhoid fever, and the wife had just died of it.

The patient was first seen on March 3, 1888. The temperature was then 99.5°. There was a tendency to diarrhœa; the abdomen was rather tender in the right iliac fossa. The temperature gradually rose to 102°, remained at that point for one week, and then gradually fell to normal. Other symptoms were nose-bleed, enlarged spleen, and undoubted typhoid spots. The pulse was always about 100, and rather weak. The tongue was dry, with a red edge and a coated centre.

The case was a remarkably mild one apparently; there was nothing to attract attention to the urine until March 16, when the temperature had been normal for two days. The patient was headstrong, and against positive orders rose from bed on the morning of that day, strained violently at stool, and almost immediately fell in collapse; and when I saw him, half an hour afterward, he had a temperature of 97°, a running pulse, oppressed rapid breathing, blue lips and extremities, and was apparently dying. He was immediately given digitalis and nitro-glycerine hypodermically, and rapidly revived. There was suppression of urine following this attack, only about three fluid ounces of urine being passed in the following twelve hours.

This urine was highly albuminous and contained numerous casts — epithelial and bloody. There was a slight amount of free blood-globules. Under the use of cocaine and digitalis the secretion was fairly re-established, the albumin became less, and casts fewer in number; the patient bade fair to do well, when he again rose, forty-eight hours after the first attack of heart-failure, went into a second collapse, and died.

The duration of the case was short for typhoid fever; but the temperature curve, though running over only two weeks, was that of typhoid, while the spots, enlarged spleen, and final acute inflammation of the kidneys all go to prove the true nature of the case, in spite of the absence of a deciding *post-mortem* examination.

Case II.—This patient was seen in consultation. William F., 40 years old, had had scarlet fever eight years previously, from which he recovered without any untoward symptoms. On July 20, 1888, he had a severe chill, followed by much muscular pain and very great mental excitation. The bowels were confined, but several large fetid liquid stools followed the administration of a mild laxative. The temperature ranged about 102° for one week; the one prominent symptom was mental excitation. So great was this disturbance that the attending physician, Dr. John Thomas, of Newtown Square, Pa., feared that the patient had acute mania. There was nothing to attract attention to the urine. The temperature was constantly about 102°. Typhoid fever was suspected, but a certain diagnosis could not be made.

Dr. Thomas was called suddenly on July 26, and found his patient in the following condition: Comatose, with running pulse, twitching muscles, contracted pupils, intense jaundice, and suppression of urine. Stimulants and digitalis were freely administered, and I saw him about twelve hours after the onset of the coma. His temperature at that time was 101.5°; pulse, 120, weak; pupils strongly contracted. He was in a semi-comatose condition, and scarcely recognized my presence. The patient was catheterized and three fluid ounces of urine obtained—the first passed for thirteen hours. This urine was loaded with albumin and contained numerous granular casts, but no blood.

The patient was immediately put on cocaine, in addition to digitalis, and given stimulants in large doses, which had the effect of increasing his urine to twelve fluid ounces within the next eighteen hours. On July 27, there were undoubted typhoid fever spots; the stools were thin and fetid. He passed six fluid ounces of urine in fifteen hours, which still contained albumin and casts.

The temperature ranged at about 100°. Suddenly, on August 2, the thirteenth day of the disease, the temperature fell to 97.5°; but the patient seemed in other respects in fairly good condition. There were no signs of hemorrhage or of other serious complication.

The temperature gradually rose during the next twelve hours, when, after an injection of glycerine to move the bowels, without there having been any straining, a severe attack of heart-failure appeared, in which the patient almost lost his life. After this seizure the urine gradually increased to the normal amount, the albumin diminished, and the casts gradually disappeared. The temperature range was low, and at the end of the third week was normal. By November, 1888, both albumin and casts had disappeared from the urine, and at the present writing the patient seems to be entirely well.

Case III.—Charles O., 24 years old, single, had scarlet fever in 1876, followed by dropsy. On August 22, 1888, he had the following symptoms: Dull headache, constipation, nose-bleed, coated tongue, tenderness in the epigastrium. The bowels became loose, the spleen enlarged, the temperature rose gradually to 102°, and the case became a well-marked one of typhoid fever of moderate type. Suddenly, on September 2, without any apparent cause, the patient had a severe chill, and the secretion of urine diminished. On examination, the urine was found to contain a large amount of albumin and numerous granular casts. There was no blood after the chill, the temperature rose to 106°, but rapidly fell to 99°, below the point at which it was before the chill. During the following week there were several chills, still without any discoverable cause other than the kidney complication. After each chill the temperature reached about 104°, and fell rapidly to 99°. There was no regularity about the appearance of the chills, and as they ceased with the disappearance of the kidney complication, it is safe to ascribe their cause to the latter.

The urine amounted to ten fluid ounces in the twenty-four hours after the first chill. Under the influence of cocaine, digitalis and nitro-glycerine it rapidly increased, and became free from albumin and casts.

On September 9, the temperature was normal. On September 16, chill, nose-bleed, and pain over the left saphenous vein were noted. Phlebitis of the left saphenous vein developed. Finally, on October 23, the patient was well enough to be about the room; the urine was entirely normal. At the present writing the patient is perfectly well and the urine normal.

In all of these three cases the fever was of rather short duration. In the first and third cases the temperature was normal by the end of the second week, and in the second case by the end of the third week. In no case was the temperature excessively high, except in the third, for a very short period after each chill. In all of the cases there were abnormal drops of the temperature. The temperature in the first case dropped from normal to 97°, with the onset of the collapse; in the second, it fell from 100° to 97°, because of a rectal enema; in the third, it fell to 99° after each chill, while before the first chill it had risen each evening to about 103°.

The urine in all three cases contained albumin and numerous tube-casts, and suppression or partial suppression of urine was the first symptom to attract attention to it.

In the second and third cases the large amount of albumin persisted for only a short time. In the first case there was but a trace of albumin and but few casts just previous to the fatal accident. The urine was normal in the third case within six days.

In the second case both albumin and casts persisted for two months. The suppression in all the cases was speedily relieved, cocaine and digitalis being the drugs used—together with nitro-glycerine in the third case.

Most writers on the subject of typhoid fever make but passing mention of Bright's disease as a complication. They all notice the less serious albuminuria common in all fevers, due to congestion of the kidneys. Hornberger details three cases of typhoid fever, with one fatal case. Duckworth, in St. Bartholomew's Hospital Reports for 1885, reports one case, in which there were albumin and casts, but no blood; recovery occurred. There was no abnormality in temperature. Wagner, in *Virchow's Archiv*, distinguishes three forms of kidney complications in typhoid fever. First, simple albuminuria with hyaline casts, in which the patients usually recover; second, hemorrhagic nephritis; third, *lymphomatous*, by which he means a form characterized by numerous small foci infiltrated with leucocytes, which occur in the stroma and especially beneath the capsule. Wagner says authors differ greatly as to the frequency of the complication, but the usual extent is in one-fifth to one per cent. of the cases. He makes no note of abnormal drops in temperature. There is, according to him, but slight difference between the course of typhoid fever complicated with nephritis, and ordinary of typhoid. None of his five cases ended fatally.

Amati gives an account of twelve cases, ten of which were fatal.

The most extended essay on the subject is by Didion, in an inaugural thesis entitled "Renal Form of Typhoid Fever," and published in the volume of inaugural theses of the French Medical School, for 1882 and 1883. He quotes Rayer as having made five observations of the condition as early as 1840, which were confirmed by autopsies. It occurs, according to this author, most frequently in the second week of the fever. The color of the urine is at first brownish-yellow, the quantity is diminished, its specific gravity 1,022 to 1,024. Its sediment contains red globules, white cells, and casts. The latter contain blood cells and masses of pigment. The author concludes his essay with the following statements:

1. Typhoid fever may have a determination to the kidneys, which may play an important *rôle*.
2. Albumin, which is ordinarily in small amount, when abundant indicates nephritis.
3. The study of the symptoms enables us to distinguish the renal form, which is characterized by adynamia, stupor, dryness of the tongue, œdema, pain in the back, furuncles, and symptoms referable to the urine. The urine is of blood color, and has an odor of boiled bread; its sediment consists of red and white cells, tube-casts, and abundant albumin.
4. The diagnosis is to be made by an examination of the urine.
5. The termination is often fatal, either from progressive adynamia or from uræmic accidents, which may cause convulsions and death.

189 Green Lane.

—The tapeworm was a general form of malady in Servia; but it is stated that much was done last year to get rid of this by careful sanitary precautions on the part of the veterinary staff, who examined the swine and pork imported from other countries.

CAUTION IN USING LARGE DOSES OF DEADLY DRUGS.

BY ENOS T. BLACKWELL, M. D.,
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Boldness and promptitude are valuable characteristics in a physician, and when tempered with a reasonable degree of caution often form the foundation of his success. The person who hesitates when an emergency arises, or who from timidity fails to apply a controlling remedy, is doomed to disappointment and defeat. Sometimes acuteness of observation will enable a practitioner to anticipate danger, and to guard against its development by the timely interposition of a restraining agency. Let the bold prescriber beware lest, encouraged by brilliant successes in skirmishing along the danger line, he inadvertently overstep the limit of safety, and produce the catastrophe which he is laboring to avert. Whoever achieves marked success with large doses of a dangerous drug may certainly, except he can read susceptibilities aright, dare beyond what is safe, and overwhelm himself with ill-fortune and disaster.

I am led to these remarks by reading the interesting article in the REPORTER, June 22, 1889, by Dr. Jerome Hardcastle, of Cecilton, Md., on "The Value of Chloral Hydrate." The observations are certainly valuable, and the result of the treatment extremely successful and striking. I do not think, however, that all the readers of his paper will venture unhesitatingly with such large doses of chloral as are there described (ninety grains repeated in an hour). My experience with the drug has made me cautious in its use. For example, in November, 1870, I was called to a case of fracture of the leg in a robust young man who had been injured while working in a foundry. Wishing to save him from pain during the dressing, I gave him twenty grains of chloral; in the course of an hour, as he still suffered when the limb was handled, I gave him twenty grains more. Delirium followed, and during the entire day he was tossing and kicking with the sound limb. As the remedy was then of rather recent introduction, the symptoms caused some solicitude. Again, in a case of typhlitis, the patient—a girl who was exhausted by working in a factory—was relieved somewhat of the pain, which was intense, by a hypodermic injection of morphine. Afterwards, the pain was assuaged by fifteen-grain doses of chloral by enema. As the pain continued extremely violent, a solution of chloral, ninety grains to the ounce, was prepared, of which she was to have by enema, properly diluted, a tablespoonful, to be repeated as might be necessary. There had been headache following the use of morphine, some dizziness after the fifteen-grain doses of chloral, and extreme dizziness after the use of the last-mentioned solution—probably about thirty grains being taken. I attributed the intense dizziness to the chloral, and feared that it had had a poisonous effect.

It will be well, perhaps, to inquire as to the results of the administration of chloral by other observers. In the REPORTER, February 19, 1881, there is a letter from Dr. H. H. Kane, of New York, to whom an inquiry as to the minimum fatal dose of chloral and the symptoms of poisoning by it, had been referred by the Editor. I quote from his paper as follows: "The smallest amount of chloral to which death has been attributed is ten grains. It is reported by a writer in the London *Lancet.* Death from twenty grains, in two doses of ten grains each at an hour's interval, in a perfectly healthy German woman, is given by Ingalls, in the Chicago *Medical Journal and Examiner.* It was administered to dull the pain of having a tooth drawn. Dr. Charles Hart relates the case of a lady suffering from neuralgia, who died thirty minutes after a dose of twenty grains (New York *Medical Record,* 1871). 'G' (*Lancet,* June, 1871) reports a death from fifteen grains in a patient who had manifested an idiosyncrasy regarding opium and chloroform. Fuller reports a death from thirty grains, given to relieve insomnia in a young lady (*Lancet,* June, 1871). For a large number of cases of death from doses of chloral varying from ten to six hundred grains, I would refer to my articles on 'Deaths from Chloral' in the New York *Medical Record,* December 25, 1880, and January 1, 1881." Dr. Kane says further: "Small doses given for a long time may end in sudden death. Given at night, in small doses, the patient may sleep sound, and, on attempting to rise in the morning, fall dead." Dr. Kane gives items of great interest in regard to the time after taking it at which the effects of chloral manifest themselves, which differs according to conditions in the patient and the method of administration. He also gives the contraindications to the use of chloral, and much interesting matter respecting its use, for which the reader is referred to his paper. In the same *Journal*, February 21, 1885, Dr. Joseph B. Potsdamer reports to the Philadelphia County Medical Society a case of poisoning from chloral in a person somewhat habituated to it. The patient's life was saved by the timely use of emetics, strong coffee and whiskey, with cold flagellations to the body. The symptoms given show the imminence of death, and are a fine pen-portrait of a subject in *articulo mortis*. The paper is improving reading to any one who wishes to be on the safe side in his therapeutics, who desires to cultivate a quiet conscience, and preserve credit with his *clientèle* for a wise caution and reliability.

As the cases of eclampsia reported by Dr. Hardcastle were preceded for some hours by intense headache, it may suggest itself to some that measures tending to the relief of the brain might have been instituted, which would have prevented the convulsions. I believe that I have averted their access in pregnant women, when there was dizziness and undue cerebral oppression, by the use of the lancet. In a case of intense epigastric pain coming on in the last days of pregnancy in a patient whose urine was highly albuminous, as I learned later, I injected morphia hypodermically, whereas I should have bled and given depurants. I was horrified a short time after by being called to her in most terrible convulsions, of which she died. The abdominal pain was a warning symptom, whose significance I did not then appreciate. It is recorded by Cazeaux, on page 718 of his "Midwifery." After enumerating other symptoms, he adds, "and sometimes by an acute pain in the epigastrium." The late Professor Meigs relates in his emphatic way: "I sat at the bedside of a lady in labor. After a pain, she said to me, 'Oh! how my head aches, doctor.'" After examination, he decided not to bleed her. "A pain came on, and with it a short, quick, loud hissing sound from her lips . . . . her hands, arms, lower extremities, and indeed all the voluntary muscles, as well as the diaphragm, were in the most intense convulsions. I am as sure as that I am now recording these events, that she would not have had the convulsions had I bled her *ad deliquium* when she said, 'Oh! how my head aches, doctor.'" No practitioner of obstetrics should fail to have impressed on his memory the graphic picture drawn by this master hand.[1]

In the REPORTER, May 26, 1888, there is an abstract from a paper on "Venesection in Puerperal Eclampsia and Pneumonia," by Dr. Hiram Corson. Of the lancet, this man of clear head and decided views, says: "It brings just such relief to the patients as the removal or elevation of a portion of depressed bone by a surgeon brings to the patient who lies unconscious before him. In all the cases which I have seen in over fifty-nine years' practice, I bled freely—sometimes ferociously—and all recovered. Still more frequently have I averted the convulsions by a timely bleeding when the symptoms heralded the coming convulsions."

Something, I think, may justly be added respecting the case numbered "six" in Dr. Hardcastle's series of cases, denominated "Eclampsia from Dentition." While the case ended well, I do not regard eight grains of chloral by enema or otherwise a safe medicine for a child of one and a half years; and will place over against it a case, quite as serious, in which a very simple and safe procedure was followed by equally brilliant results. On April 9 last, in the absence of the family physician, I was called to see Blanche E., four years old, who had been in convulsions from ten o'clock A. M. to the time of my visit, one o'clock P. M. The patient came of a neurotic family. Her first convulsion occurred during the teething period. She had one occasionally afterward, whenever any infantile ailment produced a fever. They occurred singly. I was shown a mixture containing bromide of potassium and fluid extract of valerian, which was kept ready for these emergencies. I contented myself by ordering an enema of salt and water. It brought away little feces, and was repeated in twenty minutes. Two or three evacuations occurred, and the convulsions ceased as promptly as in the infant who had the chloral—and the remedy was infinitely safer.

The Shakspearean aphorism, "All's Well that ends Well," applies to the past; it has its counterpart in another equally to the point, which has an eye to the future, "Look before you leap."

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[1] Woman: Her Diseases and Remedies. Philadelphia, 1851.

PERISCOPE.

Relationship between Human and Bovine Tuberculosis.

At the meeting of the New York Academy of Medicine, April 18, 1889, Dr. E. F. Brush, of Mount Vernon, said it was a mistake to suppose that tuberculosis is the result of civilization, for he has found the disease among many barbarous tribes. The distribution of the disease is not dependent upon climate or temperature, for it has existed in nearly every known part of the globe. But there is one constant associated factor of tuberculosis in man, namely, the presence of the bovine species afflicted with the same malady. Tuberculosis prevails wherever a people is closely associated with inbred dairy cattle, where there is an absence of cattle, or where the inhabitants do not drink of the milk or eat the flesh of cattle, there is freedom from tuberculosis. Dr. Brush then went on to prove this statement by quoting the writings of travelers in different parts of the world. For instance, on the coast of Africa the barbarous tribes use freely of the milk and flesh of cattle, and are much subject to tuberculosis; whereas, those in the interior, where a certain venomous fly destroys cattle, do not have tuberculosis. Going to a cold climate, one will find tuberculosis common among the people of Denmark, who use much of the product of the dairy; while in Iceland, where what little dairy product is raised is sold, tuberculosis is little known. In Greenland there is freedom from phthisis except in parts where cattle are bred; the same facts are true with respect to phthisis among the Esquimaux. In Quito, Ecuador, what little milk of the cow is used is first boiled, and the inhabitants do not have tuberculosis; the contrary is true among those in the plains who use freely of cow's milk. In India the natives who observe their religious teaching refuse to eat the meat or drink the milk of the bovine species, and are not subject to tuberculosis; in places where the Europeans are introducing the dairy cow phthisis has developed. On the steppes of Russia, phthisis is not known, nor is the dairy cow. Australia was free from phthisis until cattle were successfully introduced, and wild animals, as the buffalo, are not afflicted with tuberculosis.

Dr. Herman Biggs, in opening the discussion, said he could not agree with Dr. Brush, who had not taken into consideration all the factors in the etiology of tuberculosis; moreover, his statistics were not reliable. For instance, Hersch states that phthisis does exist among the inhabitants of the steppes of Russia. No country is more free from tuberculosis than Morocco, yet there are many cattle there, especially of a breed resembling the Alderney cow. In Egypt, tuberculosis is not very frequent, except in the low countries, yet there is no evidence that cows are more plentiful in the low countries than elsewhere. In Peru and Chili, tuberculosis is absent in the highlands, but common in the low-lands, while cattle exist in both places. The truth is that tuberculosis has developed only since the Europeans have penetrated those countries. This is likewise the case in the Sandwich Islands, where the natives at present are dying of phthisis at the rate of twenty and twenty-five per cent. of the mortality from all causes. A large proportion of the deaths among the American Indians are due to tuberculosis, yet it cannot be attributed to the dairy cow. The truth is, tuberculosis is most to be found with the advance of civilization, and one of the attendants of civilization is highly bred cattle; but the former is not dependent upon the latter. The true cause of tuberculosis is the bacillus tuberculosis. Certain conditions are necessary for the development of this germ in the human constitution. For instance, phthisis is more common among those who live indoors than those who work in the field; it is more common among those following given occupations, living at certain altitudes, etc. Among soldiers, under certain conditions, the mortality from phthisis has been very great, The sputum is the chief means of transmitting the disease. If it were acquired through the milk or flesh of cattle it would manifest itself more in the alimentary canal than in the lungs. The bacillus tuberculosis is rarely present in milk, except in mammary tuberculosis. Only a small proportion of all cases of pulmonary tuberculosis is acquired directly through the flesh or milk of cattle. He has found pulmonary tuberculosis in sixty per cent. of all autopsies at Bellevue Hospital.

Dr. Forest said that in the section of the South whence he came the whites alone use much beef and cow's milk. The negroes but little; yet phthisis is common among the latter race, and rare among the former. Dr. Agramonté said the same was largely true of Port-au-Prince, Hayti. Besides, the natives always thoroughly cook their meats, which destroys the tubercle bacillus.

Dr. Brush, in reply to Dr. Biggs, said that the latter had relied on Hersch for his statistics, who is not trustworthy, inasmuch as he is not an eye-witness, but only a compilator.

Dr. Brush does not declare that all cases of tuberculosis are due to cattle directly. If one using milk or flesh of the cow subject to tuberculosis were as liable to contract the disease as small-pox or scarlet fever, none of us would now be alive. He does not deny that there are other sources of transmission of the disease after it is once introduced among a people, nor that certain conditions are necessary for the effective work of the tubercle bacillus. He does believe, however, that if all the cattle of a country should disappear, pulmonary tuberculosis in the people of that country would also gradually disappear. It has been shown that the cow alone is able to transmit tuberculosis directly to her offspring. It was in inbred cattle that tuberculosis is most common. The way to prevent phthisis in cattle is not to inbreed- not to breed for milk.

Leprosy.

At a recent meeting of the Epidemiological Society of London a paper was read by Dr. P. S. Abraham, on Leprosy, of which the following is an abstract. With the exception of the case recently brought forward in Dublin, no British Society has lately had the subject under consideration. Its importance in British medicine is, nevertheless, well indicated by the fact that the Royal College of Physicians of London has its "Leprosy Committee," which, in view of the fact that there is increasing evidence respecting the communicability of leprosy, has just recommended a full and searching scientific investigation into the whole matter. Dr. Abraham demonstrated on a map the wide prevalence of the disease, especially in the British Empire, and remarked that it is no wonder that the subject is coming to the front. He hoped that the inquiry urged by the College of Physicians would be sanctioned by the Government, not only to set at rest, if possible, doubtful points regarding the causation of the disease and the desirability of preventive measures, but also to allay a possible emotional "scare" on the part of the British public. From the insufficiency of data it is difficult to say accurately whether leprosy be really increasing or decreasing in many of the British colonies. In many cases we have to rely chiefly upon general impressions. Even the death returns cannot be depended upon always, for they are frequently, as in Jamaica, uncertified by qualified practitioners; and we must remember the natural and universal tendency on the part of the sufferers and their friends to conceal their affliction. The belief in the increasing spread of leprosy at the Cape of Good Hope was so strong that a Leprosy Repression Act was passed in 1884. From the numerous medical reports which Dr. Abraham quoted there can be little doubt that the disease is really on the increase in South Africa. It probably is spreading, but in a less marked manner, in the West Indies; and, on the whole, in India, especially in certain districts. The articles which are now appearing in the Anglo-Indian press indicate that the public mind is becoming somewhat inflamed over the matter; and that there is some cause may be inferred from the large amount of official attention which has been for some time past directed in India to the matter. Dr. Abraham quoted the late resolution (September, 1888) of the Indian Government, stating that a measure of rigorous segregation would be repugnant to public opinion, and recommending for the present the grant of medicine and charitable relief in voluntary hospitals and asylums. A short history of leprosy in Hawaii was then given, the latest information having only just come to hand. He pointed out that, in spite of the efforts at isolation, the disease had enormously increased since 1865. The author gave an account of his visit last year to the Norwegian leper asylums, and gave particulars relating to the treatment of the patients, and the views with which he was favored by Drs. Danielssen, Nickoll, Kaurin, and Daud, who were in charge of the asylums at Bergen, Molde, and Trondhjem. He showed curves indicating the relations between the gradual decrease of the disease throughout the country and the number of patients in the hospitals. With regard to leprosy in Great Britain and Ireland, he referred to cases he had recently seen in London. Through the kindness of Mr. Larder he was able to exhibit to the Society two fairly typical examples of the chief varieties of the disease, one the "nodular dermal form," and the other the so-called "anæsthetic" form.

The latter case was that of a man sixty-four years old, a meat salesman, of English parentage, and born in London. When young he had been a sailor in the Mediterranean and in the Baltic, but had not been out of London for upwards of forty years. Until six years ago he had always enjoyed the best possible health. The author did not admit that this was a case of *de novo* development, though the "period of incubation" was extraordinarily long. The germ must have been dormant, like the "mummy" wheat, for nearly forty years. After referring to the present unsatisfactory nomenclature of varieties, and to the army and navy records of the disease, he, in conclusion, summed up, and, had time allowed, would have adduced arguments in support of the theories that leprosy is caused by the bacillus, that the disease is communicable from person to person, and that segregation is justifiable. Microscopic specimens, prepared by the author, were exhibited, showing the bacillus lepræ scraped from the tongue and mouth of a patient, and sections of dermal nodules, anæsthetic skin, nerves, etc. Many of the references were from hitherto unpublished sources, both private and official.—*Lancet*, June 22, 1889.

The Kola Nut.

The value of the kola nut (seeds of Sterculia acuminata) as a dietetic and therapeutic agent has been recently tested by Surgeon R. H. Firth. These nuts are allied in composition to cocoa, coffee, and tea, but contain a relatively large amount of caffeine. The properties ordinarily assigned to kola are those of a strong tonic and stimulant to the nervous system, counteracting and removing the sense of exhaustion after fasting and fatigue; it has also been credited with having an antagonistic action to alcohol, and it has been said to purify water. From his observations Surgeon Firth concludes that kola is in no sense a food; that it increases the total urinary water, with a slight reduction of its total solids and a marked reduction of the extractive; that it has a peculiar stimulant action on the nervous system, temporarily strengthens the heart beat, and increases the arterial tension. In times of exertion and fasting it wards off the sense of mental and physical depression and exhaustion. As a therapeutic agent in convalescence, and as an antagonist to alcoholic sequelæ, kola has not yielded any positive results in Surgeon Firth's hands. For the purification of water it does not appear to be superior to other mucilaginous seeds, its action being purely mechanical. In this report due prominence is given to the importance of separating seeds which contain no caffeine, such as Garcina kola, and Sterculia cordifolia, as these would speedily discredit the employment of kola by the troops under conditions when it might possibly be of service. It appears that an infusion, from its astringent action, might be used for those suffering from diarrhœa.—*Lancet*, June 15, 1889.

Removal of a Metal Band from the Penis.

Dr. R. Macaulay says, in the *Medical Press and Circular*, June 19, 1889, that about four years ago he was disturbed one night at 2 A. M. to relieve a young man, 24 years old, who had been brought a distance of twelve Irish miles with a gangrenous penis, the result of a foolish freak. Two days previously he slipped on to the root of his penis a piece of the barrel of an ordinary shot-gun, one inch in length, which he had filed off his fowling-piece. He was in great pain, and was much exhausted. The penis was simply in a state of advanced gangrene. It was enormously swollen, cold, dusky, and covered with vesicles bursting with dark serum. Common sense seemed to suggest instant ampυtation. However, Dr. Macaulay made up his mind to give him a chance of retaining his now apparently lost organ. He at once administered a stimulant with a dose of opium, and having depleted the engorged penis by freely puncturing it throughout with a tenotome, he placed him him on his back and applied a firm compress by bandaging it from the point to the piece of gun-barrel with a narrow finger bandage. It was only by repeating this process for two hours, and when his patience was well nigh exhausted, that he succeeded in removing the metallic constrictor and saving the penis, which, he was informed, shortly after regained its normal vitality.

Morbid Changes in Diabetes.

Dr. P. Ferraro, who has made several researches on the subject of the changes produced in the different organs of the body by diabetes, has recently published the results of similar investigations in a fresh case, the eighth of the series. The arteries were affected with chronic endarteritis; in the lungs there were morbid changes not due to bacilli; in the stomach and intestines the mucous membrane was atrophied; the pancreas was transformed into a firm, compact mass of a fibrous or cicatricial character; in the parenchyma of the liver and the spleen pulp there were also signs of atrophy. Here, therefore, as in the other cases examined, the digestive organs were most of them affected to a greater or less extent, while the nervous system was not apparently the subject of any morbid changes. Dr. Ferraro considers the exhaustive study of the morbid histological changes in diabetes very important, and believes that we shall not arrive at any definite conclusion as to the etiology of this disease until our knowledge of the conditions under which sugar is formed and distributed in the body in a state of health is very much further advanced than it is at present.—*Lancet*, April 20, 1889.

Remarkable Case of Hydrophobia at Warrington.

The *Lancet*, July 6, 1889, states that an inquest was recently held at Warrington on the body of Emma Sefton, aged forty-two, who died on June 21. Mr. Cocker, the landlord of the Star Inn, deposed that the deceased was bitten on the thumb two years and a half ago by a dog belonging to him. The wound was bathed in hot water and salt, but otherwise the patient was not treated. The wound healed, and from her own statement she suffered no pain; the dog was shot the day she was bitten. Mr. Adams, surgeon, of Warrington, deposed to the deceased having visited him on the afternoon of the 20th, when she complained of tightness in the throat, and inability to swallow. She was seized from time to time with convulsive tremors; her mental condition was one of considerable excitement, at first suggesting hysteria. His assistant and he thoroughly examined her, and though the indications were not very positive, he treated her for hydrophobia. He saw her the following day, and was with her when she died the same night. He was clearly of opinion that death was due to hydrophobia. In reply to the coroner as to the long interval which had elapsed between the bite and the occurrence of symptoms, Mr. Adams said that this was one of the main elements of doubt, but that there were no fixed limits. A verdict in accordance with the medical evidence was returned.

New Method of Illustrating Plate Cultivations of Air Organisms.

At the meeting of the Glasgow Pathological and Clinical Society, May 13, 1889, Mr. Maylard showed various plate cultivations of air organisms exhibited by illustrations of a new kind. The illustrations were made by pasting sheets of ordinary black wall-paper upon thick white cartridge-paper, and then sticking with gum upon the black surface small round pieces of white and colored papers to represent the colonies. Some half a dozen of such illustrations were shown, taken from plate cultivations obtained by exposure to the atmosphere for certain times and under different conditions. Thus, one illustration showed no fewer than 684 separate colonies. It was copied from a plate which had been exposed for an hour in a clinical class-room, shortly after the students, who had filled it, had left. After standing aside for a week to enable the organisms to develop upon the surface of the jelly, the plate was then copied, by drawing the various colonies upon a piece of paper, from which the illustration was finally taken by enlargement.—*Glasgow Medical Journal*, June, 1889.

Phenomena due to Contractions of the Prepuce.

Dr. R. W. B. Smith read a paper on reflex nervous phenomena due to contractions of the prepuce, at the meeting of the Ontario Medical Association, June 5. He briefly related a few cases coming under his own observation. In the first case, the patient was a male child, 5 months old. The parents complained that the child cried almost constantly without any apparent cause; that it was very fretful, and had marked evidence of nervous prostration, trembling of eyelids, convulsive movements of limbs, etc. On examination, Dr. Smith found a pin-hole meatus, with extensive adhesions between the prepuce and glans. He broke down the adhesions and forcibly dilated the prepuce, so that it could be drawn back over the corona glandis; the parts were then thoroughly cleansed. As a result of this small operation, the patient was relieved of all nervous symptoms.

The second case was that of a male child, 8 months old. This child was very fretful, especially during micturition; these symptoms of fretfulness and dysuria had existed for three months. Dr. Smith treated this case by means of gradual dilatation, until the prepuce could easily be retracted over the corona. The result was entirely satisfactory; there was no return of symptoms.

The third patient was also a male child. At eighteen months of age it showed no inclination to walk; about this time it had several convulsions; at the age of three years it could scarcely stand; the legs were very weak, but not wasted. It made no improvement on general tonic treatment. On examination, Dr. Smith found an elongated prepuce, which was bound down to the glans. He broke down the adhesions and dilated the prepuce until it could be easily retracted; he then cleansed the parts. In about a fortnight there was marked evidence of improvement, and from that time the child progressed rapidly; at the end of four months he was able to run about with the other children.

In concluding this paper, Dr. Smith alluded to Mr. Edward Owen's teaching, that a small preputial or urethral orifice, and adherent prepuce were, perhaps, the commonest causes of hernia in children. He also referred to Mr. Bryant's statistics bearing on this same point.—*Canadian Practitioner*, June 17, 1889.

On the Diuretic Properties of Lactose.

Milk has long been recognized as one of our most reliable diuretics, frequently proving successful in causing diuresis when the therapeutical arsenal had been exhausted in vain. No serious investigation, however, seems to have been made into the relative value of the various constituents of milk in bringing about this result. As far back as 1879 M. C. Richet demonstrated that lactose, saccharose, and glucose possessed diuretic properties, by a series of experiments carried out on animals. Since then M. Germain Sée has turned his attention to the subject, and has shown that the diuretic action of milk sugar exceeds that of milk *per se*, and never fails to produce the desired effect. M. Dujardin-Beaumetz has verified his observations, and adds that glucose, which has the advantage of being perfectly soluble in water, promptly causes an abundant diuresis.—*Med. Press and Circular*, July 3, 1889.

Remarkably High Temperature.

Dr. John W. Whitney, resident physician in the Brooklyn Hospital, reports, in the *Brooklyn Med. Journal*, July, 1889, the case of a man, forty-eight years old, admitted with a diagnosis of intermittent fever.

Two or three months before the patient had been treated for delirium tremens. Soon after leaving the hospital he became partially paralyzed, and was taken to the Cumberland Street Hospital. There he developed intermittent fever of the most extraordinary type. Every third day his temperature would go up to 108° F. and 113½° F. On April 29 his temperature was taken at two different times, and was first 110° F.; second, 113° F. On the night of April 30, his temperature was 112° F. May 2 his temperature was 99° in the morning. For treatment he was given at first large doses of sulphate of quinia followed by Warburg's tincture, in doses of a fluid ounce. The treatment he was kept on most of the time was Fowler's solution, ♏ iv, t. i. d., hypodermically. His appetite was fairly good; bowels regular most of the time; slept very well. He only had a few chills occurring every other day, but the fever came and went with every change of the wind. He gives a history of intermittent fever, contracted in Georgia ten years ago.

These hot flashes came and went until May 17. After that he never had any rise. Many times he would complain of feeling chilly, but no marked rigor followed. Following some of these flashes he would complain of pain in his back and head. Often the muscles would twitch on different parts of his body so much, that at times it was impossible to take his pulse. These flashes lasted from five to thirty minutes. He could tell the moment his temperature dropped or went up. Every day's observation seemed to point to a central lesion and not one of fever. Before he came here he was delirious before and during the rise in temperature, but later on he was little disturbed. He was always exceedingly nervous, so much so, that the temperature could not be taken by mouth. He was a wreck from the effects of alcohol, both physically and morally; was constantly complaining, and would sulk for days if the nurse reproved him. He was discharged May 24, for insubordination.

[This interesting case is not unparalleled; and the report would be more valuable if this reporter had taken the trouble to have the accuracy of the thermometer verified. The omission to do this is usual in reports of this sort, and very much to be regretted. —Editor of REPORTER.]

On Hereditary Immunity from Syphilis.

At the Third General Meeting of Russian Medical Men at St. Petersburg, Dr. Ivan A. Maieff read a very interesting paper on hereditary immunity from syphilis, in which he lays down the following propositions: 1. In an overwhelming majority of cases a single syphilitic infection makes the person proof against the virus—that is, protects him for life from a second contamination. 2. The immunity is transmitted from the subject to his offspring. 3. The hereditary immunity may be transmitted even to a third generation (to grand-children). 4. In some cases the inherited immunity constitutes the only evidence of parental syphilis. 5. The hereditary immunity varies considerably in its intensity; sometimes it is absolute—that is, lasts during the person's whole life, while in other cases it is only of a more or less temporary character. 6. In cases in the latter category—that is, in cases in which an inherited immunity gradually becomes exhausted a subsequent infection assumes a peculiar form of the so-called abortive syphilis.

Antipyrin in Labor.

Dr. Ermanno Pinzani recently made a communication to the Società Medico-Chirurgica di Bologna (*Gazzetta degli Ospitali*, February 10, 1889), in which he gave an account of some experiments he had made with the view of ascertaining the effect of antipyrin on the strength of the uterine contractions in labor. Two series of experiments were made. In five cases he simply kept his hand on the woman's abdomen for some hours, and noted the condition of the uterus before and after the administration of the drug. In eight other cases (on which he made in all twenty-three experiments) he passed an India-rubber ball, first disinfected, and then filled with a watery solution of corrosive sublimate, into the uterus; this he connected with a manometer, which gave him an accurate gauge of the pressure exerted by uterine contractions on the fluid in the ball. Dr. Pinzani was careful to exclude irritation of the uterus by the foreign body, as a source of fallacy, by previously warming the fluid in the ball to the temperature of the body, and by waiting for some time after its introduction before making observations. In the first set of experiments, forty-five-grain doses of antipyrin were given by the mouth; in the second, the doses were from fifteen to thirty grains. Dr. Pinzani came to the conclusion that antipyrin relieves the pains of labor simply by lessening the force of the uterine contractions. The effect of the drug showed itself in about two hours after hypodermic injection, and four or five after administration by the mouth. He noticed that infants suckled by women who had had antypyrin given them during labor were apt to suffer from diarrhœa. Dr. Pinzani's verdict is, therefore, decidedly against the use of antipyrin in midwifery practice.—*British Med. Journal*, March 9, 1889.

Iodoform in Cerebro-Spinal Meningitis.

In the Tchernigov weekly *Zemsky Vratch*, No. 10, 1889, p. 151, Dr. G. Levitzky, of Vostrovskaia, calls attention to excellent effects in cerebro-spinal meningitis obtained from the internal administration of iodoform given in the form of two-grain pills, three times a day. He reports a striking case, that of a woman suffering with an exceedingly severe form of the disease, in which, after all other means had utterly failed, the administration of the drug was almost immediately followed by a steady improvement. On the third day of the treatment contractures of the right, and on the fifth of the left, upper limb disappeared; by the end of the fourth week the patient was practically well. The drug was therefore discontinued. A relapse, however, rapidly followed, but yielded at once to another course of iodoform, a complete and permanent recovery taking place ultimately. In all, *one ounce* of iodoform was taken in the course of two months. No untoward accessory effects were ever observed.

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NEVER RCLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.
When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.
The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

DIGESTION OF INFANT FOODS.

Imperfect observations, hasty generalizations, and conclusions not justified by the premises, are a serious hindrance to the progress of medicine. Unfortunately these conditions are too frequently found in the writings of medical men; and the worst of it is, that honest men may by such errors do more harm than those who are unscrupulous; because the character of the latter becomes known in time, and their pretensions are estimated as they deserve to be. We are impelled to make these remarks after reading an article by Dr. Max Einhorn, of New York, in the *New York Medical Journal*, July 20, 1889, entitled "The Time Required in the Stomach Digestion of Different Foods in Infancy." Dr. Einhorn examined, by means of the stomach tube, the contents of the stomach of eight breast-fed infants, at intervals varying from one to two hours after nursing; also the stomach contents of from three to seven bottle-fed infants, using cow's milk, equal parts of cow's milk and water, equal parts of cow's milk and barley-water, and four well-known infants' foods. The observations were made in from forty-five minutes to two hours and ten minutes after feeding, and it was noted whether or not the stomach was empty; and when it was not empty the character of the contents was noted—as to physical condition, reaction, the presence of free hydrochloric acid, and also some less important points. The writer found that in breast-fed infants the stomach was empty two hours after nursing, and he *thinks* it was empty sooner. But in analyzing his work for ourselves, we find that, in only one examination out of fourteen, was the stomach found to be empty of breast-milk in less than two hours. In all the examinations made in less than two hours after nursing—with this one exception—there was some residue still in the stomach. When examined in an hour and a half, some milk—generally coagulated in fine flakes—was found, of acid reaction, due to acid albuminates or lactic acid, and no free hydrochloric acid. Once the curd was thick and coherent. In testing milk, and milk diluted with water or barley-water, he gave the stomach less than two hours, at the longest, and only forty-five minutes, at the shortest. At various intervals—from an hour and a quarter to an hour and three-quarters—he found the stomach nearly empty, and free hydrochloric acid was present only once. The character of the coagula varied from fine to thick.

In testing the artificial foods three were tried twelve times; but it has not escaped our notice that in the case of one of them two hours or more were allowed five times, in another only three times, and in the third only twice. A fourth food was in no case allowed more than an hour and fifty minutes. The result of examining the stomach contents in the case of these foods, under these circumstances, was that usually some finely divided residue was found; and this was acid, but only once contained free hydrochloric acid.

From the experiments we have thus summarized, Dr. Einhorn concludes that milk —especially if diluted—is the most easily digestible food for infants deprived of the natural supply. This conclusion will probably pass without challenge. It has been an article of faith with the profession for a long time; it is demonstrated by an enormous amount of experience; and it needs no pumping-out of infants' stomachs to prove it. As to artificial foods, Dr. Einhorn thinks that they ought not to be used for infants. He is undoubtedly entitled to an individual opinion in regard to this; but the experiments described in his paper do not furnish any ground whatsoever for it. Nor do they furnish any just basis for a comparison between the different preparations which he selected for experimentation. In this respect his paper may convey, not only an unwarranted but also an utterly false impression. As a matter of fact, none of the foods he employed fell below what ought to be considered as a reasonable expectation. More than this, setting aside the disparity between the time allowed for digestion of the various natural and artificial foods, the experiments furnish no ground even for preferring one to another—for mere emptiness of the stomach in two hours or thereabouts is not the sole or the best proof of fitness in any diet for infants. The best test of foods is the one of experience, and Dr. Einhorn's babies may have got fat on the artificial foods and thin on the milk.

Such experiments as Dr. Einhorn reports —while they furnish interesting, and possibly useful, information—are not pertinent to the discussion he has undertaken. The deductions he makes are examples of the bad logic referred to in the beginning of this editorial, and may prove misleading to the profession, unjust to worthy manufacturers, and injurious to the public. We have no idea that Dr. Einhorn intended any such thing; but think he has fallen into an error so common nowadays that it seems important to call attention to it forcibly, while, further, the matter of infant foods is one of such serious moment that no feeling of personal appreciation can prevent us from pointing out what we believe to be a false step in investigating it.

MEDICAL EDUCATION.

In an editorial in the *Kansas City Medical Index*, July, 1889, Dr. Lanphear quotes at considerable length from the Presidential Address of Dr. Dawson at the recent meeting of the American Medical Association and from that of Dr. Runnels before the American Institute of Homœopathy. Both speakers discussed the important problem of medical education in the United States, taking, however, opposite views as to the best method of solving it. Dr. Runnels strongly urged the defects of too many schools and too easy modes of securing degrees, and advocated the principle of State Boards of Examiners. Dr. Dawson presented very forcibly the varied conditions of want and supply in different parts of our country, and argued that schools of different grades and of different capacities for education are indispensable in its present state of development and distribution of population.

In speaking of the apparent incompatibility of these two views of the case, Dr. Lanphear says: "We have not too many colleges; the distribution of students is too unequal, and there is not that uniformity in requirements that is desirable—that is all. That there must be a difference in the education and accomplishments of graduates none can deny, under present circumstances; as long as there exist country towns and villages where physicians must be, there will be a demand for doctors of about the grade now 'turned out' by the average medical college. The young man who intends to 'do a country practice' cannot afford to become a Master of Arts before taking the degree of Doctor of Medicine; he cannot spend thousands of dollars to fit himself for a vocation which shall at best return him but a few hundreds annually. Therefore there must be colleges where one can graduate at a moderate expenditure of time and money. The only solution of the difficulty must lie in the adoption of this plan: The various colleges of the country must enter into an agreement that at the conclusion of a two-years' course at any school the degree of Bachelor of Medicine will be given to successful candidates for that degree. At the end of a four-years' course the degree of Doctor of Medicine shall be bestowed upon deserving students; those who may have taken the degree of M. B. may subsequently, if they so desire, complete the course and attain the degree of M. D. As the country develops, and there arises a necessity for such an advancement of the standard, by mutual consent the period of compulsory attendance may be lengthened to three and five years respectively. If this rule were adopted, as can very easily be done, the State Boards of Health would very quickly recognize the change, and to those who had received the degree of M. D. from respectable colleges would grant a license to practice *without examination;* while those holding the title M. B. would be compelled to pass an examination before licensing boards as now required of all M. D.'s in Virginia, Minnesota, and other States. All this is of easy accomplishment."

We cannot follow Dr. Lanphear quite so far, although we can see advantages in having degrees of two grades. The trouble is that, so far from this plan being easy of accomplishment, we believe it to be absolutely impossible of accomplishment. The fact is that there is little danger that the supply of physicians will ever be curtailed too much, or that the weak schools will be killed by hostile legislation. All the danger now is in the other direction; and we think it wise and right for each State to determine for itself the qualifications for practising medicine within its borders, and that the best way to secure uniformity and fairness to all is by means of State Examining Boards, whose certificate shall be the only license to practise.

EARLY DIAGNOSIS OF ECTOPIC PREGNANCY.

As Carlyle would have said, the diagnosis of ectopic pregnancy has gotten itself into a pretty mess. Heretofore there has been a general agreement among writers concerning this subject. Now, all is confusion. Many maintain that this condition produces certain symptoms and signs which are peculiar to itself, and which make a diagnosis positive or highly probable. Others deny this, and assert that there are no symptoms and signs which are diagnostic of this condition, except those of internal hemorrhage produced by rupture of the gestation sac. For example, Strahan says that in the great majority of cases, rupture is the first sign of anything being wrong. Another element of confusion is the pathology of true, intra-peritoneal hematocele. Rupture of an ectopic gestation cyst has long been recognized as a frequent cause of hematocele. Mr. Tait now states that he has never seen an intra-peritoneal hematocele which was not due to a ruptured tubal pregnancy. That is to say, in his mind the diagnosis of intra-peritoneal hematocele is practically equivalent to the diagnosis of ruptured extra-uterine pregnancy. This apparent conflict of views can only result in good. Opportunities for studying the pathology of intra-peritoneal hematocele are far better now than formerly, and it will not be long before the true etiology of this condition will be established, and be beyond dispute. Abdominal surgeons must settle this question, as they have already settled the pathology of pelvic inflammation.

At the present time it is best to strongly suspect ectopic pregnancy if a woman presents herself with the general symptoms of pregnancy, having a duration of one or more months, but accompanied by pelvic pain, when, by examination, the uterus is found to be only slightly enlarged and not having the shape characteristic of early pregnancy, and when at the same time a vascular tumor is found at the side of, or behind, the uterus. This suspicion will be better founded if metrorrhagia occurs—gushes of blood accompanied by more or less severe pelvic pain. And, if shreds of decidual membrane are passed, and recognized as such by a competent microscopist, this diagnosis becomes practically certain; especially if the patient has been barren for a number of years, and has suffered from pelvic inflammation. The diagnosis becomes even more certain if later a woman, having such a history, is seized with violent pelvic pain, and passes into partial or complete collapse. Under such circumstances, besides ectopic pregnancy, one may also recognize internal hemorrhage, caused by rupture of some vessel of the ovum-sac, or of the ovum itself. At the present time, in spite of the contrary experience of Mr. Tait, we are warranted in believing that a large proportion of cases present all or many of the signs described. Unfortunately there are other cases which present no special symptoms, until pain, rupture, and hemorrhage suddenly occur, and death is imminent. In these cases diagnosis is of immense and immediate importance; for, unless it be made and the hemorrhage be arrested by quick resort to laparotomy and the ligature, death almost always ensues. Were it certain, or very probable, that intra-peritoneal hemorrhage results only from ruptured extra-uterine pregnancy, a diagnosis of ectopic pregnancy with rupture could be confidently made whenever the signs of hemorrhage into the cavity of the peritoneum, or of "abdominal collapse," are present. But, it is not warrantable to make this assumption. Hence, in these cases it appears to be more scientific to operate for the arrest of internal hemorrhage, bearing in mind the probability that the hemorrhage is due to misplaced pregnancy, rather than to announce this diagnosis; and then to make it during the operation, or only after the specimens removed have been submitted to the microscopist.

The diagnosis in this class of cases is not so positive as in that first considered. But, it suffices to recognize internal hemorrhage, which threatens life.

On the whole, the present status of the diagnosis of ectopic pregnancy is a healthy one, in spite of the attacks of the dogmatists. The profession throughout the world is profoundly interested, and the result must be the complete elucidation of the subject.

STILL ANOTHER MEDICAL AND SURGICAL REPORTER.

If imitation is the sincerest flattery, the old REPORTER ought to be satisfied. It has not been long since we had to express a mild regret that a journal, started in Toledo, had borrowed our name; and now before we have had time to recover from that shock, along comes a new competitor, calling itself the *Western Medical and Surgical Reporter.* It comes from St. Joseph, Mo.; it is edited by T. E. Potter, M. D., and published by B. P. Hatch. It starts with a good deal of "promise;" but it is a pity it could not get a name without stealing one, and that it should give so much of its fourteen and a half reading pages to unblushing bids for advertisements.

If our wish were consulted, all the journals which help themselves to our name would at least have a little regard for our reputation. But this is probably too much to expect.

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—Dr. L. S. McMurtry, recently of Danville, Kentucky, has returned to Louisville, where he will devote his attention chiefly to gynecology and abdominal surgery.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

DIABETES: ITS CAUSE AND PERMANENT CURE. BY EMIL SCHNÉE, M. D., Consulting Physician at Carlsbad, etc. Translated from the German by R. L. TAFEL, A. M., Ph. D. English edition, revised and enlarged by the author. 8vo, pp. 15, 215. Philadelphia: P. Blakiston, Son & Co., 1889. Price, $2.00.

Dr. Schnée gives a good review of the opinions of the more prominent writers as to the origin of sugar in the human organism, and affirms his belief in Ebstein's theory. The latter teaches that glycogen and the diastatic ferments are both widely distributed throughout the tissues of the body, and that the latter are continually acting upon the former and producing sugar; but that carbonic acid, which also exists everywhere in the tissues, has the power of checking the action of the diastatic ferments upon glycogen and so of controlling the production of sugar. According to this theory, sugar, while normally present in the organs and tissues, becomes excessive in amount and appears in the urine only when there is an insufficient development of carbonic acid. This condition may be transient, due to a number of hurtful agencies which are enumerated, and when it is so constitutes glycosuria. When it is permanent and constitutional, it depends upon an alteration in the protoplasm of the body produced by hereditary syphilis, and constitutes diabetes. It is only fair to say that neither the author's arguments nor the histories of the cases which he cites prove the syphilitic origin of diabetes.

Dr. Schnée maintains that he is able to cure both glycosuria and diabetes by a suitable regulation of the diet, by an appropriate hygienic regimen, and by the use of Carlsbad water, together with certain drugs, especially bichromate of potassium and mercury in the form of corrosive sublimate-albuminate; these drugs are given internally and employed externally in the massage. The author gives his methods of treatment in some detail, and this part of the book is both interesting and instructive.

So much for the scientific features of the book. When we regard its literary and—so to speak—personal features, we cannot say much by way of praise. The author states in his preface: "The present work contains everything of importance that has thus far been written and found out concerning 'diabetes' and also concerning 'glycosuria.'" This quotation indicates his estimate of his own achievements, while his excessive use of italics and small capitals throughout the book creates the impression that it has been written to advertise himself and his business as consulting physician at Carlsbad.

THE STUDENT'S TEXT-BOOK OF THE PRACTICE OF MEDICINE. BY ANGEL MONEY, M. D., Lond., Assistant Physician to University College Hospital, etc. 8vo, pp. xiv, 458. London: H. K. Lewis, 1889.

This book occupies a position midway between the "quiz compends," with which American students are familiar, and the larger works on the practice of medicine. It is the misfortune of most books of this kind that they give but partial, and in so far erroneous, views of the subjects treated; but the author of the one before us has avoided this to a great degree by seeking to impart a right conception of disease, rather than to say too much about it. The book is calculated to be useful, and can be recommended especially to those beginning the study of medicine, and to students preparing for examination.

SURGICAL BACTERIOLOGY. BY NICHOLAS SENN, M. D., Ph. D., Professor of Principles of Surgery and Surgical Pathology, Rush Medical College, Chicago, Illinois. 8vo, pp. 270. Philadelphia: Lea Brothers & Co., 1889. Price, $1.75.

Dr. Senn gives in this book an excellent review of modern bacteriology, as far as it has any bearing upon surgical pathology. His style in this book is clear, and free from diffuseness, and his book makes interesting reading. Colored plates of the more important micro-organisms, taken from Klebs's "Pathological Anatomy," are of much assistance in understanding the descriptions in the text.

The literature of surgical bacteriology is already enormous, and it is inaccessible to many because it exists, for the most part, in French and German; Dr. Senn has therefore done a real service to his English readers by presenting them with a condensed abstract of the most important papers on the subject in question which have appeared up to the present time.

LITERARY NOTES.

—The new Austrian Pharmacopœia has just appeared. It is the seventh edition and makes a large octavo of 380 pages. It is published in Latin, except the opening section, which contains the orders of the Government. According to these all government officers of health, practicing physicians, surgeons and veterinarians, and apothecaries, are required to make themselves acquainted with its contents and to govern themselves accordingly.

—The competition by which Millet's "Angelus" was secured for this country has been nearly paralleled, in the field of books, in Germany. It appears that there is only one complete set of the Transactions of the Society of Naturalists of Germany. This was collected with great difficulty by a member of a book house in Berlin. It was then offered for sale, but found no buyer until an American collector offered a large sum for it, and would have secured it, but that a Berlin man of public spirit came to the rescue and saved it for his native land. The *Berliner Klin Wochenschrift*, July 15, 1889, tells the story, but does not give the price for which the work was sold.

—Funk & Wagnalls have just issued a practical little book, entitled "Emergency Notes," by Dr. Glentworth R. Butler.

CORRESPONDENCE.

TO THE EDITOR.

Sir: In your issue of 3d inst. you publish an article on "Treatment of Scarlet Fever," by Dr. J. B. Johnson, of Washington, D. C. This contains a prescription which is dangerous and to which I would call special attention. I allude to the prescription containing both iodide of potassium and chlorate of potassium. These are both innocent, even in comparatively large doses, when administered alone, but are poisonous in even small doses when given combined or alternated, so as to be present in the system at the same time. This is due to the highly oxydizing properties of the potassium chlorate, which converts the iodine into iodic acid, forming iodate of potassium, which is a highly poisonous salt.

Now the doses of both in the prescription alluded to are small, and Dr. Johnson may not have seen any ill results, but some member of the profession may think proper to prescribe larger quantities and have fatal consequences.

The fact of the incompatibility of these salts is mentioned by every therapeutic authority: see, for example, U. S. Dispensatory, 15th Ed., 1887, article on Potassium Iodide.

I showed the prescription to an educated druggist who refused to compound it.

Yours truly,
Wm. C. Kloman, M. D.
1519 John St., Baltimore.
Aug. 6, 1889.

NOTES AND COMMENTS.

The True Status of Homœopathy.

The New York *Graphic* recently wandered from the easy paths of contemporaneous picture-making, and made some remarkable statements regarding the status of homœopathy. Commenting on Professor H. C. Wood's address at the Yale Medical School, it says: "At a time when quite one-half of the medical practice of the world is governed by the philosophic discoveries of Hahnemann, it seems something more than an anachronism to have a member of the Faculty of the Pennsylvania University stigmatize homœopathy as quackery on the plane of faith-cure."

The *Graphic* critic adds: "Considering that there are monuments to Hahnemann, the discoverer of homœopathy, in many of the great cities of Germany—that the science he taught is a recognized branch in most of the great medical schools in Europe, Professor Wood's extraordinary doctrine must be regarded as the zeal of ignorance and does no credit to the great University he compromises by such intemperate judgment."

Such stupid and blundering criticism as this is of importance and interest only as it shows how prevalent is the ignorance regarding the true status of homœopathy even among men who are undoubtedly well-informed as to the world's progress in most directions.

The facts are simply these. In the United States there were in 1885 twelve homœopathic and eighty-eight regular medical colleges with one thousand and eighty-eight and nine thousand four hundred and forty-one students, respectively. At the most liberal estimate the homœopathic practitioners of this country form one-eighth of the total number. There is no homœopathic medical college in the country which can be said to be even fairly well equipped and endowed, as compared, for example, with the leading regular medical colleges of New York, Boston, and Philadelphia. The only school which really flourishes numerically is in Chicago.

The statement that "homœopathy is a recognized branch in most of the great medical schools of Europe" is absolutely untrue. Homœopathy has no place whatever in any of the universities of Germany or France, nor has it a school of its own anywhere in Germany. There is a small homœopathic hospital of one hundred beds in London, with a small medical school attached.

There are said to be only about two hundred and seventy-five homœopathic physicians in all Great Britain and Ireland. The number on the Continent is proportionably even less.—*Medical Record*, July 6, 1889.

Bilious Attacks.

Dr. Angel Money writes to the *Lancet*, June 15, that the bilious attacks occurring in neurotic individuals are very different paroxysms from those seen in habitual or occasional over-feeders. A clean tongue—often "geographical," or desquamating too freely in patches,—a scanty high-colored lithatic urine, a sallow face, white motions, dilated pupils, low spirits, and absence of energy, constitute the clinical entity in many cases of "bilious attacks." These are very common in neurotic children with dainty appetites, in whom to suppose that irritation and vascular engorgement of the viscera, from over-feeding, exist, would be ridiculous. A sharp purge to these patients may, he says, do more harm than good, though it is possible to set the viscera working again by such sudden means. An inadequate liver may be the cause of a toxæmia, and the poison in the blood may have a selective action on the mental centres, originating lowness of spirits—melancholia; this is the view most favored by the laity, but it is often incorrect. In truth, a mutual tension between the viscera and the brain exists—reciprocity rules the realms of the human body as it does the social organism. The truth appears to be that the viscera may go wrong as the result of being undercharged with nervous energy, and they simply cease to work effectively because of defective nervous energization. The correct treatment, he thinks, is not a dose of castor-oil, but a tablespoonful of wine at once, and a teaspoonful of syrup of the hypophosphites thrice a day for one week.

Milkmaid's Cramp.

Dr. Remak was recently enabled to bring a case of true milkmaid's cramp before the Medical Society of Berlin. The malady was originally described and classified by Basedow. It is a form of muscular incoordination analogous to that of writers, ironers, and cigarette makers, and involves principally the median and superficial radial nerves. In Dr. Remak's case both hands were affected with spasmodic contractions on attempting any kind of movement, but especially that of prehension. The patient had for some weeks been obliged to milk uninterruptedly for several hours daily, and is now quite incapacitated from following her occupation. As a general rule the symptoms in these cases take a much longer time to develop.—*London Medical Recorder*, June, 1889.

Treatment of Nævus.

In the *Archives of Pediatrics*, June, 1889, Dr. Holgate, of Bellevue Hospital, New York City, recommends treating nævus by the use of alcohol for injection and by encircling the nævus with a metallic ring. The ring is such as any ingenious person can make by bending the end of a knitting-needle, and is applied round the nævus with sufficient pressure to cut off the circulation, and limit the action of the alcohol. It is held in place for a few minutes until the alcohol has had time to produce the desired shrinking of the vessels. From five to ten minims of ninety-five per cent. alcohol are injected in one spot, and the injections are repeated as the size and character of the nævus demands.

In treating nævus of large dimensions, more than one injection could be given at the same sitting, or at short intervals of time in different parts of it; the absorption in one part could be taking place while another part was being prepared, bearing in mind the effect of alcohol upon the system. This method has the advantage of being easy of application, and there are few practitioners who are not possessed of all the material needed; if not, it is readily procurable, and with ordinary care it will not, Dr. Holgate thinks, prove dangerous. Of course care must be used that the syringe is perfectly void of air before injecting the agent.

River Pollution in Connecticut.

Two years ago the Connecticut Legislature very commendably appropriated five thousand dollars for the investigation of the pollution of streams, intrusting the work to the State Board of Health. The results of the investigations, carried on by Dr. S. W. Williston, have shown the rapid and alarming increase of river contamination, a half-dozen of the rivers already being very greatly or excessively polluted. The Naugatuck, for instance—a stream upon which are situated many of the large metal-manufactories of the State, and with a summer-weather flow of about ten million cubic feet at its mouth—receives not less than twenty-five hundred tons of manufactory refuse annually, in addition to the sewage of about seventeen thousand people. At the last session of the Legislature a like appropriation was intrusted to the Board of Health for the investigation of the potable waters of the State, which investigation will be carried on, under the direction of the secretary, Dr. C. A. Lindsley, by Drs. H. E. Smith, T. G. Lee, and S. W. Williston, of the Medical Department of Yale University, and will include the monthly examination of potable waters, chemically, bacteriologically, and microscopically, on essentially the same plan as that so extensively and thoroughly pursued by Professors Drown and Sedgwick for the Massachusetts Board of Health. The results of the investigations cannot help but be valuable, as hitherto scarcely any attention has been given to the subject in the State, and many of the waters used for domestic purposes are at times confessedly bad.—*Science*, June 28, 1889.

Care in Prescription-Writing.

A death by poisoning, arising in part from a want of care (so it is alleged) in the writing of a prescription, has occurred in France. A physician gave to his own brother, who was suffering from migraine, an order for a dose of antipyrin. So he intended, at least; but the prescription fell into the hands of the apothecary's female assistant, and she interpreted it as calling for atropine instead of antipyrin, and dispensed the fatal dose. Care should be exercised not only in the ordering of potent drugs, but also of those not so powerful, lest the writing be misinterpreted and a poison be dispensed where none was intended. Let the writing always be distinctly legible.—*New York Medical Journal*, July 6, 1889.

Inebriety in the Higher Classes.

Dr. James Stewart, superintendent of an asylum for inebriates near Clifton, England, recently read an excellent paper before the English Society for the Study of Inebriety, on the above topic. The following is the summary of his conclusions:

1. Drunkenness and inebriety ought not to be confounded.
2. Inebriety is a lesion of the brain which has gone so far as to affect the will-power.
3. Successful treatment based on this pathological dictum must include the absolute cessation of alcoholic drinking.
4. There is no danger in the sudden and complete withdrawal of alcohol if the case —no matter how severe—be in the hands of a skillful physician able to personally direct the hourly treatment from the first.
5. The physician undertaking the charge of such cases ought to be a total abstainer as well as every one living under his roof, so that the moral treatment by example may supplement the therapeutic remedies.
6. Permanent recovery need not be hoped for unless both lines of treatment be pursued, systematically, during an uninterrupted period of twelve months in a "Home" from which every beverage containing the smallest quantity of alcohol is absolutely excluded. The first four months barely suffice for the getting rid of the stomach and other troubles which are the result of the alcoholic poison; at the end of the second period of four months the patient begins to feel less the want of alcohol; by the end of the third period he has begun perhaps to understand that life may be enjoyed, and vigorous health secured without stimulants.
7. So-called "cures" effected by bark, strychnine, iron, and other drugs have not proved permanent.
8. The permanence of a cure depends greatly on the after-treatment pursued subsequently to the patient leaving the "Home." The family of the inebriate, or the household of which he or she is to form a part, ought all to become total abstainers, no alcohol being allowed under any circumstances into the house except as a drug prescribed by a medical man and dispensed in a medicine bottle.—*Quarterly Journal of Inebriety*, July, 1889.

A Tonic in Anæmia and Bright's Disease.

Dr. Austin Flint says in the *New York Medical Journal*, May 18, 1889, that a paper by Dr. Allard Memminger on "Bright's Disease of the Kidneys successfully treated with Chloride of Sodium," suggested to him the preparation of a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. The following is the formula:

Sodii chloridi	ʒiii
Potassii chloridi	gr. ix
Potassii sulph	gr. vi
Potassii carb.	gr. iii
Sodii carb.	gr. xxxvi
Magnesii carb.	gr. iii
Calcis phosph. præcip.	ʒss
Calcis carb	gr. iii
Ferri redacti	gr. xxvii
Ferri carb.	gr. iii

M. In capsules, No. lx.
Sig. Two capsules three times a day.

Dr. Flint first used this tonic in a case of simple anæmia in Bellevue Hospital in July, 1887, with remarkable success. Since the summer of 1887, he has given the tonic in nearly every case in private practice in which a chalybeate was indicated. In 33 cases which he has noted as cases of anæmia with loss of appetite, etc., he has noted very great improvement in 22 instances and in 12 cases not so marked, while in one case there was no improvement. In 5 cases of Bright's disease in which he used the saline and chalybeate tonic, the results seem to have been encouraging.

Treatment of Asphyxiation by Gas.

At a recent meeting of the American Gaslight Association of Toronto, the following rules were given, to be followed when men are overcome by gas: 1. Take the man at once into fresh air. Don't crowd around him. 2. Keep him on his back. Don't raise his head nor turn him on his side. 3. Loosen his clothing at his neck and waist. 4. Give a little brandy and water,—not more than four tablespoonfuls of brandy in all. Give the ammonia mixture (one part aromatic ammonia to sixteen parts water) in small quantities, at short intervals,—a teaspoonful every two or three minutes. 5. Slap the face and chest with the wet end of a towel. 6. Apply warmth and friction if the body and limbs are cold. 7. If the breathing is feeble or irregular, artificial respiration should be used, and kept up until there is no doubt that it can no longer be of use. 8. Administer oxygen.—*Science*, June 7, 1889.

Ice-Water.

In the opinion of the editor of *The Sanitary Volunteer*, the official organ of the New Hampshire Board of Health, there is a great deal of sentiment and many opinions, regarding the use of ice-water, that vanish when the light of reason and experience is turned upon them. The fact is, that ice-water, drank slowly and in moderate quantities, is a healthful and invigorating drink. There is no doubt that ice is a great sanitary agent, and every family ought to be provided with it during the warmer months of the year. It is true that the inordinate use of ice-water, or its use under some special conditions and circumstances, is attended with great danger: so is the improper use of any other drink or food. The assumption that iced water is dangerous, and that iced tea, or iced coffee, or iced lemonade is a harmless substitute, is simply a delusion. As the source of danger feared by some is the degree of cold, we fail to see clearly how flavor modifies the effect of temperature. There are some individuals, undoubtedly, who cannot drink ice-water without injury, and who ought never to use it, but to a great majority of persons it is refreshing and healthful. Its use, temperate and discreet, is in no way to be condemned, which cannot be said of some of its substitutes.—*Science*, June 28, 1889.

NEWS.

—Dr. John Ivison, late of Philadelphia, has removed to Coatesville, Pa.

—The Michigan Legislature has recently appropriated for the Michigan Mining School, $104,000 for the furnishing and maintenance of the school during the years 1889 and 1890.

—It is said that Tennessee now has a Medical Examining Board, and that the Governor has given to the State Medical Society the privilege of recommending three members of this Board, he to nominate the fourth regular practitioner.

—The Brooklyn Academy of Science, a society incorporated August 22, 1888, has opened a free reading-room in its rooms in Warner Institute, Willoughby Avenue and Broadway, Brooklyn. The various scientific journals will be upon the tables, and there is absolutely no charge to the public.

—Dr. W. W. McClure, of Philadelphia, is said to be an enthusiastic angler. He has devoted his professional skill to observations on the eyes of fish, with a view of determining what they see in the water and how they see it. The results are calculated to be of the greatest interest to scientific fishermen.

—Apache County, Arizona, is said to be without a practicing physician within her borders. An extent of territory larger than the State of Massachusetts and a population of several thousand people without a doctor is one of the peculiarities incident to life in the far West which would be regarded as utterly impossible by people who live in the Eastern States.

—Dr. Henry B. Baker, the Secretary of the State Board of Health of Michigan, reports that during the week ending July 13 the disease of widest distribution in Michigan was rheumatism; consumption of the lungs stands fifth on the list, and diphtheria last. The reports indicate that cholera infantum and erysipelas have increased in area of distribution.

—A law designed to check the evil of the smoking of cigarettes by boys has been enacted in New York State. The chief of police of New York City, on May 30, issued an order, under that law, stating that it is a misdemeanor for dealers to sell to any person, under sixteen years of age, cigarettes or any other form of tobacco. The selling of alcoholic drink to minors is also prohibited by that law.

—The third regular semi-annual meeting of the Southern California Medical Society was held in San Diego, June 5 and 6. The meeting was called to order at 11 A. M. on the 5th, by the president, Dr. M. F. Price, of Colton. About sixty members were in attendance. A large number of accessions to the Society were received, making the total membership one hundred and twelve. The next regular meeting will be held in Pasadena, December 4 and 5, 1889.

—Dr. James F. Hartigan, of Washington, has been appointed to an important Austrian consulate. It is said that the office has been given to him in preference to many others on account of an impairment of his health incurred in governmental service. When the yellow fever prevailed in Florida, he undertook special medical duty in that State for one of the departments at Washington. In the course of his work he became ill, and has been disqualified for active practice ever since.

—David Andreas Saxlehener, owner of the Hunyadi Janos, who died recently, was an uneducated, but sharp-witted man. He was in the clothing business in Buda-Pesth, when a peasant remarked in his store that he had very bad luck in boring wells for water on his farm, getting only an ill-smelling liquid, that he feared to use. Saxlehener procured a sample of the water, had it analyzed, bought the peasant's farm, and became many times a millionaire through the sale of the water.

—The addition which is being made to the Maine General Hospital will make the building about double its present size. The present structure consists of a large square building with a long wing. The new building will consist, first, of a building 40x40 feet, and of the same height as the present one. These will be connected by a corridor 16 feet wide. Added to this will be a building 38 feet long and 33 wide, which will be used for the wards. Across the end of this, at right angles, will be the third part, which will contain the apartments of the house doctors, and will be 60x25. The total length of the new structure will be 140 feet, with a width of 33 feet.

—The vacancies in the faculty of the College of Physicians and Surgeons of Baltimore, created by the deaths of Professors John S. Lynch and Oscar J. Coskery and the retirement of Prof. A. B. Arnold, who has removed to San Francisco, have been filled by the transfer of Prof. Thos. S. Latimer to the chair of principles and practice of medicine and clinical medicine; of Prof. Chas. F. Bevan to the chair of principles and practice of surgery and clinical surgery; of Prof. J. W. Chambers to the chair of operative and clinical surgery, and of Prof. George H. Rohé to the chair of obstetrics and hygiene. Prof. Thos. Opie will continue as professor of diseases of women and dean of the faculty. To fill vacancies created by those transfers new professors were elected as follows: Prof. Henry Sewall, of the University of Michigan, to the professorship of physiology; Dr. George J. Preston to the professorship of anatomy, with the diseases of the nervous system as a clinical branch of instruction. Dr. N. G. Keirle was elected lecturer on legal medicine, in addition to his demonstrations in pathology; Dr. George Thomas lecturer on diseases of the throat and chest; Dr. G. A. Liebig, Jr., of Johns Hopkins University, lecturer on medical electricity, and Dr. J. H. Branham, demonstrator of anatomy. Drs. L. F. Ankrim, Frank C. Bressler, and F. G. Moyer were appointed assistant demonstrators, and Dr. R. G. Davis, prosector of anatomy.

HUMOR.

AFTER THE VACATION.—Coles—"Back from the country?"

Boles—"Yes."

Coles—"Feel recruited?"

Boles—"Haven't been back long enough to feel the benefits yet."—*Life.*

DOCTOR SWELL—"You must take a trip abroad and remain away for a year." Patient—"Thunderation, man! I can't do that. It will cost too much." Doctor—"Very well, you can stay at home and I'll visit you every day and try to pull you through." Patient (reflectively)—"Don't mention it, Doctor. I hadn't thought of that. I guess I'll go abroad."

IT WAS FREE.—Yabsley—"Hello, Wickwire, you are not looking very well to-day."

Wickwire—"No; I took some lung syrup this morning, and it kind of made me sick."

Yabsley—"First time I knew there was anything the matter with your lungs."

Wickwire—"There isn't, I guess, but there was a free sample bottle of stuff left at the house and I thought I would try it."—*Terre Haute Express.*

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COMMUNICATIONS.

ABDOMINAL SECTION: I, FOR OBSTRUCTION OF THE BOWEL, AND, II, FOR STRANGULATED HERNIA.[1]

BY MORDECAI PRICE, M. D.,

PHILADELPHIA.

Obstruction of the Bowel.—On February 9, 1889, I was called by Dr. Burns to see a patient suffering with obstruction of the bowel of eleven days standing. She was suffering considerable pain from distention; the abdomen could be manipulated with perfect ease, and no point of tenderness or tumor could be found. The symptoms of themselves indicated a mechanical obstruction. It was decided to open the abdomen of the patient, and on doing so there was found an almost complete obliteration of the lumen of the bowel by epitheliomatous disease. The seat of obstruction was at about four inches above the sigmoid flexure. Four inches of the bowel were removed, the vessels ligatured, the lower third of the bowel sutured, and the upper border and sides fastened to the external wound, with the understanding that as soon as the patient rallied from her present depressed condition she would again be operated on and the ends of the bowel would be united. Several attempts to get rid of the spur by Dupuytren's clamp, and by the use of various contrivances, to get the contents of the bowel to pass in its natural direction, all failed, owing to the impossibility of preventing the protrusion of the inner coats of the upper bowel from coming so far out as to completely close or project over the lower end. After much trouble and annoyance, and a great deal of patience on the part of doctor and patient, we decided to close the opening in the bowel by the Senn method, using Abbe's rings, instead of the bone plate. As in the first operation, Drs. Burns and J. Price assisted me. The operation was begun by freeing the bowel from the abdominal wall, breaking up numerous inflammatory adhesions that had matted the parts together. Both the bowel and the omentum being freed from all surrounding attachments, we hoped to be able to bring the ends in position for closure by anastomosis, but found we are unable to do so, owing to the great amount of thickening following the application of the Dupuytren clamp to get rid of the spur. We then concluded to use one of Abbe's rings—Dr. J. Price making this suggestion. With the centre of the base resting on the spur, the thread from either end was passed through the central portion of the bowel, one point at the central portion of the upper bowel, the same point in the lower bowel, and the two ends were brought together and tied. The side sutures were passed opposite each other, as in the two-ring closure, and were tied. This gave a perfect arch and also a complete closure of the bowel. For additional security, Lembert sutures were employed to reinforce coaptation, and in addition to this a whipped suture of fine silk was also used. The bowel was then dropped back in the peritoneal cavity, which was thoroughly irrigated and washed. The wound was carefully cleansed, and most careful coaptation was made in suturing the external wound. The patient did not have either a rise in temperature or an increase of pulse, and there was no distention of the abdomen. Four hours after the etherization the patient had considerable vomiting, which lasted for twenty-four hours, when it ceased and she began to take food in fluid form. On the fifth day both pulse and temperature increased. Her menstrual period made its appearance at this time, which I think accounted for the disturbance both of temperature and of pulse, as there were no symptoms to indicate abdominal trouble. Gas passed from the bowel almost continuously from a few hours after the operation until the twelfth day, when her bowels were moved four times, after continuous effort for seven days to accomplish this object with Rochelle salt. During this time she had no bad symptoms, nothing to indicate trouble; she improved in health and was able to leave her bed in two weeks after the operation. After three months of absolute rest of the lower bowel, and its almost useless condition for many months before the cancerous section of bowel was removed, owing to the stricture, I think we can congratulate ourselves on so soon bringing the lower bowel to a proper performance of its long-neglected functions.

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[1] Read before the Chester County Medical Society, August 21, 1889.

Section for Strangulated Hernia.—On April 25 Mrs. C. was taken with severe pain in the epigastric region, which was relieved by the family with a cholera mixture obtained from a neighboring druggist. This treatment was continued whenever pain was severe until the 29th, when I saw the patient for the first time. She was then suffering considerable pain, but with no indication of strangulation of the bowel, no sick stomach, no distention of the bowels, and no point of tenderness to the touch. The pain indicated a localized peritonitis. A saline purgative was ordered. The patient had been suffering with persistent constipation for years, as much as a week intervening between evacuations. Two or three doses of the salts were given, when slight increase of pain induced the husband to return to the cholera mixture.

April 30, at 7 A. M., I was called to her with the statement that she was vomiting offensive material. I went at once to her assistance, and found her quiet. All the vomited material had been thrown out. There was no distention of the abdomen and no movement of the bowels. From the description of those present when the vomiting took place, I had no doubt that fecal matter had been vomited, but I had no way of knowing positively until I had examined it. I had no doubt strangulation of the bowel existed. I gave all the necessary directions for the preparation of the house and patient for an operation, requesting them to save all the vomited material. As soon as I could get the assistance of my brother and Dr. Kynett, I returned and found two or three quarts of liquid feces that had been vomited. The patient was at once etherized, the abdomen opened, and strangulation of the ilium, four inches in length, was found at the right internal femoral ring; externally it was not larger than a filbert.

This examination was made through an opening in the median line. The constriction felt like a small band or adhesion passing into the ring, which was at once cut down on and the adhesion broken, with the forefinger of the right hand on the inside through the ring, the same finger of the left hand breaking up the adhesions on the outside. This little tumor of constricted bowel was forced through the internal ring with two fingers on the inside. It was found impossible to bring the constricted portion to the surface, until other bands of adhesion were released, when the little tumor disappeared and could not be found. It required a little search of the small bowel before the partially gangrenous bowel, which had been completely released from its strangulated condition when the adhesions were broken up, could be found. The bowel when brought to the surface was thought by all present to be in a gangrenous condition; resection was thought at once necessary, but before doing it the bowel had so markedly improved in color under the application of warm water that we thought it advisable to leave it. The bowel was replaced, thorough irrigation employed, the wounds carefully sutured, and dry gauze dressing and a bandage were applied. No antiseptics were used. The patient was returned to bed in moderately good condition, but continued to vomit fecal matter. It was therefore decided as soon as she reacted from the ether, to wash out the stomach with the stomach-pump. This was done two hours after the operation. Warm water was used, until the contents of the stomach were sweet and pure, with no fecal contamination. There was no further vomiting. On the second day after the operation, Rochelle salt was given in tablespoonful doses every hour, until the patient was threatened with vomiting, when an interval of three or four hours would be allowed, and then the doses were given again. This was kept up until the evening of the fourth day, when the bowels were freely moved. The patient had to be catheterized until the fifth day, when she was almost completely convalescent. The abdominal wounds did well. The abdomen was considerably distended on the third and fourth days; after that the patient was entirely comfortable, had no complaints, and made a rapid recovery.

This is my fourth case of strangulated hernia, and all ended in recovery. Every effort was made at the time of the operation to make a radical cure. I have had only one case in which the hernia returned. I think with prompt operative interference in these cases the mortality would be low. I do not recommend any particular operation; every case is a study in itself, and requires a special surgical procedure which would not be appropriate to all. I do not believe in the open wound treatment. As regards the proper time to operate, the question is easily answered: etherize your patient and attempt to reduce the hernia; if you fail, operate at once. Give your patient to understand the risk, and give no half-way opinion. If you hesitate as to what should be done, you will never convince the patient that you know what ought to be done.

IS GESTATION EVER PROLONGED?[1]

BY JOHN MILTON DUFF, A. M., M. D., Ph. D.,
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MED. COLLEGE, PITTSBURGH, PA.
SURGEON TO PITTSBURGH
S. S. HOSPITAL.

Gentlemen: "The period of gestation" is a theme affording an interesting, instructive, and complicated field for research. Whether, on the one hand, we make it a subject of physiological inquiry, or, on the other, view it in its medico-legal relations, we are impressed with its importance. It demands our respectful consideration and careful study, because of its intimate connection with many of the most sacred and delicate investigations with which we, as practitioners, have to do. When called upon to testify concerning it, we are the arbiters of the virtue, honor, peace and happiness of individuals, of families, and sometimes of communities. We realize at once, therefore, the responsibilities devolving upon us in connection with it and the necessity of an intimate knowledge concerning it.

It is not my object, at this time, to enter into a general discussion of the "term of gestation," but to ask if it is ever prolonged beyond the ordinary period? I am stimulated to put this inquiry in view of the positive negations of some late writers. I am not unmindful of the fact that there has been considerable acrimonious discussion on the subject, and that, if I take issue either way, I will come in contact with the opinions of many gentlemen of the profession, who, from their erudition, sound judgment, and varied and ripe experience, are entitled to the greatest consideration. The opinions of men equally eminent in the profession are, however, directly opposed to theirs. Notwithstanding the laborious investigations of ages, we stand to-day without an established belief, and are unable even to define the precise limits of a normal gestation. In proof of this assertion, I need only ask you to review with me the divergent views of the various obstetric authors, in which we will find a range extending from 240 to 320 days, as the duration of a normal gestation.

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[1] Lecture delivered before the class.

If time would permit I would here have asked: What is the normal period of gestation? and what are the variations from it both in the way of diminution and of excess of time? I believe the average length of a normal gestation is about 276 days. What is a normal period for one woman may not be such for another, or for the same woman at another time. There are causes resident in the child for the production of labor as well as those natural to the mother; and these conditions may differ in successive pregnancies. Hence I believe that one woman may end her normal term at 260 days, while another may go to the 300th day. In the question before us, however, we accept the ordinary duration of gestation as about 280 days.

Is this period ever prolonged? Müller, in his thesis on this subject, at one fell sweep dismisses all reported cases of protracted gestation as unworthy of credence, and denies the possibility of its existence. Villard holds that physiologically prolonged gestation is a figment of the imagination, and that, in all cases of the kind reported, an error has been made in dating conception. In giving their testimony in the now famous Gardner peerage case, before the House of Lords, Sir Charles Clark, Drs. Gooch, Blegborough, Davis and Pennington stated it was their opinion that woman did not go beyond 280 days in gestation. Prof. Wm. S. Stewart, of the Medico-Chirurgical College of Philadelphia, in a private letter, says: "Gestation is never prolonged beyond the possibilities which may arise from delayed conception." "Taking into account the delay of an ovule bursting its ovisac, suppression of the menses from mental emotion, when conception was feared on account of greater satisfaction during intercourse resulting in the development of the physical signs of gestation, etc., I have had such cases go 1, 2 or 3 months beyond their reckoning."

In Tucker's Midwifery, we find the records of a case of bastardy, tried at Lancaster, in which six medical men testified, with more or less positiveness, against the possibility of protracted gestation. Charpentier and Grandin, in answer to the question, "Is pregnancy ever prolonged?" say: "Almost all authors deny this as regards the human species, although it occurs in certain animals;" continuing, they say: "Prolonged pregnancy—the fœtus being alive—does not exist as a physiological condition. It only exists in the following cases: 1st, In extra-uterine pregnancy; 2d, In case of a dead fœtus, retained in the uterus—as with abortive ova; 3d, In cases where the dead fœtus is retained by obstacles to parturition seated at the cervix." Prof. Paul F. Mundé, in his appendix to Cazeaux and Tarnier, says: "While we have very strong and reliable evidence that pregnancy may be prolonged to between 280 and 325 days, we have no absolute evidence that it is so." Prof. Opie, of Baltimore, says: "I think there is very little doubt of the protraction of gestation even three or four weeks after the accepted limit of ten lunar months, although such cases are doubtless very exceptional. The extraordinary cases of protraction published are likely due, at least most of them, to some obscure pathological causes. The practical doctor often observes cases when labor sets in at the computed time, and, after hours of activity, subsides and recurs again after the lapse of days or even weeks." Dr. Opie gives me, in a private letter, the notes of a case in which a woman menstruated from January 26 to February 1, 1888. On October 2 he was sent for, the patient being apparently in labor; but this subsided, although the os was considerably dilated. He was called again November 3, and found the same condition, which again subsided. He was called the third time on November 16, and found the woman had been in labor for five or six hours. On careful examination, he found the membranes adherent around the inner cervical wall. After breaking up the adhesions, labor was rapidly completed. "This single case," says he, "proves nothing; but it is suggestive of the part pathology may play in protracted labor."

No one, as far as I know, except those who claim that conception only takes place within a short time after the menstrual period, denies the fact that delivery frequently occurs nearly eleven lunar months after the last menstrual flow. This is accounted for, however, by the fact that the woman becomes pregnant just before the anticipated return of the menses. Again, it is very common for a woman to miss a period, or more, when pregnancy does not exist, and for pregnancy to occur just before the period at which menstruation would have recurred, and for a woman thus to be honestly misled in the calculation of her period of pregnancy.

In view of these facts it becomes us to be very guarded in our opinion in a case in which we have nothing to aid our judgment except the date of the last menstrual period. A great many of the exceptional cases reported can no doubt be accounted for in this way. This will not account for all cases, and we cannot so easily decide our question in favor of the negative. The opinions of the gentlemen I have quoted in the negative are no doubt honestly given. Their wide range of experience, as well as their eminent ability, entitles them to great consideration in deciding the question.

We are confronted on the other hand, however, with men equally eminent in the profession. Sir James Y. Simpson—than whom the world has never known a more careful teacher—says: "Some physicians of the present day hold that the law of nature is quite fixed in this respect, and that human pregnancy never exceeds the term of 280 days. We have now," says he, "I believe sufficient physiological and obstetric evidence accumulated to prove: 1st, That this doctrine regarding the ultimate length of gestation is incorrect; 2d, That the term of human gestation is not, as a general law, so definite and precise as many practitioners think it to be; 3d, That deviations, both in the way of excess and diminution of time, are perhaps far more common than is generally supposed among the profession at large." He then goes on to give the history of four cases—three in his own practice and one in that of Dr. Young. The first, counting from the last menstruation, was 336 days; the second, 332; the third, 319; and the fourth, 324 days. He says emphatically that, especially in the first and third, there could have been no source of error on account of the suppression of the catamenia, as the enlargement of the uterus and all early symptoms of pregnancy carefully noted did away with all error.

Dr. Thos. A. Rex, of this city, a gentleman of broad experience as an obstetrician, says in a private letter, in answer to the question before us: "I believe it is possible for a woman to carry a child at least ten months; such instances of prolonged gestation may be rare, but I have met with cases, the histories of which have carried conviction to my mind that it does happen." Prof. Theoph. Parvin, likewise in a private letter, says: "I believe pregnancy may be prolonged a month beyond the normal period." He also very kindly calls my attention to the statement of Prof. Winckel, in a late work, that: "While pregnancy usually lasts about 280 days, the limits are from 240 to 320 days, and in 6.8 per cent. the duration is over 300 days." Winckel, in a foot-note, states that Dr. Brücke reports a case of 330 days duration. Prof. King, of Columbian University, in his very excellent little manual of Obstetrics, says: "It is undoubtedly possible for pregnancy to be prolonged four, five, six, seven, or even eight weeks beyond the normal period, and the child be born alive." Cazeaux says, in speaking of retarded labor: "It may not appear until some time in the course of the tenth (calendar) month or even at the termination of that period."

In a case of my own, Mrs. S., aged 22, primipara, menstruated last, January 7, 1888. On February 1, she was taken down with typhoid fever. She was not convalescent until near April 1, at which time she gave the subjective and objective signs of pregnancy. She was not confined until November 16; and she assures me her husband did not have intercourse with her from February 1, until near the latter part of April. Her child was a boy, above the average size at birth. Allowing fifteen days between intercourse and fecundation, we still have 285 days from impregnation, or 300 days from the fruitful coitus; or again, counting from the last menstrual period, we have 324 days. Prof. Desormaux says: "Observations well attested prove that the term may be prolonged beyond the usual period." He cites the case of a lunatic whose husband was allowed to cohabit with her once in three months. The lady was closely watched in the meantime by female attendants. She was delivered on the 290th day. Prof. Hamilton, of Edinburgh, reports one case of a woman who, in two successive pregnancies, carried her child for eleven months, while in the next three she was pregnant for over ten calendar months. Prof. Dewees says: "I have had every evidence outside of absolute proof that pregnancy has been prolonged to ten calendar months as an habitual arrangement in at least four women I have attended." Prof. Retzius, of Stockholm, says he had an instance in his practice in which it was hereditary in mother and daughters to have protracted gestation in an extreme degree. Prof. Chas. D. Meigs, the Nestor of American Obstetrics, has recorded a case in which he believed the woman to have gone 420 days; while the venerable Dr. Atlee had two cases, one of which was prolonged to exactly one year, the other to one year and one week. A physician of this city, whose name I am not permitted to give, asserts positively that his wife was pregnant for 300 days from date of coition. My friend Dr. M. A. Arnholt, of this city, a most painstaking observer, assures me that he had under his care lately a lady who carried her child 58 days over the normal period, counting from last menstruation, and 38 days over, counting from the time special signs of pregnancy developed.

Thus I might continue adding the testimony of one after another of those whose names are illustrious in the annals of medicine, but time will not permit. The testimony of those who deny the protraction of pregnancy beyond 280 days is given because they have not seen a well authenticated case, and is, like all purely negative evidence, of but moderate value. I cannot think that so many of those whose wisdom and erudition have been the glory of our profession were mistaken, and that of all the cases to which I have called your attention, together with the many more I might have adduced, not a single one is authentic. With all due deference to those who claim there are no exceptions to the general rule, I think they are too positive in their statements. If there are no exceptions it is about the only physiological function which has no exceptions. It is the rule for the catamenia to be established in this climate between the thirteenth and the fifteenth year; yet how often this time is protracted or anticipated. Pregnancy seldom occurs before the 13th year; we have, however, the authentic history of Sally Dewees, who menstruated from her first year and gave birth to a full term babe at the age of ten years and seven days. We have numerous other instances of precocity in this direction.

Some of the authorities I have quoted admit variations and protraction of gestation in animals; but do not admit it in the human. Reasoning of this kind appears to me inconsistent. Why not at once deny the truth of all physiological theories respecting man and all therapeutic or physiological action of remedies founded upon experimentation on animals? Throw aside analogical reasoning, and what would become of all our beautiful theories regarding ovulation, fecundation, and the development of the ovum. If we maintain our right to believe in the deductions therefrom, I claim we also have a right, in our search for truth, to apply the analogy to the period of gestation or maturation. If we admit this analogy, we have opened up to us a prolific field. Everywhere whither our investigations carry us in the domain of animal and vegetable life we are brought face to face that variations occur.

It is a matter of common observation that grains, vegetables, and fruits of the same kind vary in the time of their maturation; nor do we lack data to prove that the same conditions obtain in animal life, where, by means of isolation, we may have positive assurance of a single intercourse. Every house-wife in the country districts will bear testimony to the fact that, while the ordinary period of incubation in the egg of the common hen is twenty-one days, it is not uncommon for the chick to come out as early as the nineteenth day, or as late as the twenty-fourth.

Tessier collected the results of observations on no less than 2,136 animals, namely, 577 cows, 447 mares, 161 rabbits, 25 sows, 912 sheep, 2 asses, 8 buffaloes, and 4 bitches. I do not wish to weary you with statistics; suffice to say, that in cows, whose normal periods is very near that of the human being —it being about 284 days—of the 577, ten calved from the 300th to the 321st day. The variation between the longest and the shortest gestation was 81 days, and the greatest extension beyond the natural period was 36 days. The natural period of mares is 335 days; yet, in 447 observed, the greatest protraction was to the 419th day, or 84 days over the natural period. In 912 sheep, whose period is 153 days, there was a prolongation of 4 days, and a variation of 11 days.

Lord Spencer observed 764 cows. The greatest protraction of pregnancy was 29 days, and no less than 310—or near one-half—went over the period of 284 days. From those whose period did not exceed 286 days, the cow-calves produced was 233, and the bull-calves 234; while from those whose period exceeded 286 days, the cow-calves were only 90, the bull-calves numbering 152. Thus it would appear that the sex of the offspring had something to do with prolongation.

SOCIETY REPORTS.

PHILADELPHIA OBSTETRICAL SOCIETY.

Friday, June 7, 1889.

The President, DR. THEOPHILUS PARVIN, in the Chair.

DR. WM. GOODELL reported a case of

Extra-Uterine Fetation,

and exhibited the specimen:—The patient had been married for a number of years without conceiving. Her catamenia had been regular up to the time when they ceased for nearly seven weeks and morning sickness set in. The next monthly period was free for a few hours, and then there was merely a show of blood which lasted several days. During this period severe intercostal pains, lasting two hours, followed a movement of the bowels. For several days there was great soreness of all the muscles. At irregular intervals these intercostal pains reappeared and they were always followed by much muscular soreness. There were few pelvic pains, nothing like cramps, and Dr. Goodell was called in on account of a continuous dribble of blood which had lasted for three weeks. Membranes were twice passed, which were supposed to be fragments of an early miscarriage. Dr. Goodell found an irregular tumor to the left of the womb, closely adhering to it and pushing the fundus over to the right.

In view of the history, a diagnosis of extra-uterine fetation was made, and an operation was promptly performed three months after the cessation of the last regular monthly period. There was no appearance of old or of fresh blood in the abdominal cavity, such as is usual in many of these cases when rupture has taken place. But of course blood escaped during the breaking up of numerous adhesions to the rectum and the broad ligament. The specimen shows the left ovary and the corresponding tube greatly enlarged by a deposit of placental tissue. Dr. Osler, who examined the specimen, stated that the chorion villi are unmistakably present. No fetus was discovered, but it may have perished and become absorbed, or it is possible that it may have escaped into the abdominal cavity through an opening made accidentally into the sac, during the process of enucleation. So vascular was the sac that a stream of blood spurted out from this tear as if it came from a large vessel. Apart from a nervous attack of vomiting, which lasted nearly twenty-four hours, the convalescence was uninterrupted.

DR. J. PRICE said: I am satisfied that Dr. Goodell's explanation of the absence of the fetus is correct. I could cite two or three cases and an experience of my own which supports this view. Mr. Tait's first two cases made tedious recoveries, and in both he failed to find the fetus. Some time ago I did a section with a doubtful diagnosis. Some one standing by asked me what I expected to find. I replied, "One of twelve things." I went on and removed a large adherent tube, ruptured, with the abdomen pretty well filled with clot. I then irrigated the abdomen. After using one pitcher, the water returned perfectly clear. To make the toilet thoroughly satisfactory, I used the second pitcher of water, and, in finishing the second toilet, washed out a little boy. In this case I am satisfied that the peritoneum could have taken care of the fetus by digestion, as probably occurred in Mr. Tait's cases.

DR. HOWARD A. KELLY said: I think that this case illustrates how readily we can make a satisfactory diagnosis, given symptoms being present. With a certain order of symptoms and signs we can with the utmost certainty diagnose extra-uterine pregnancy in a certain proportion of cases. In another large proportion of cases, it is a matter of mere conjecture, until the abdomen is opened. I operated this week on such a problematical case, one of the two possibilities being extra-uterine pregnancy. Such proved to be the condition, although no fetus was found. I found the sac and the placenta within the ruptured tube. In a recent book on this subject by Strahan, he unfortunately fails to notice some experiments on the disappearance of the fetus after its expulsion into the abdominal cavity. Leopold has experimented by introducing fetuses into the abdominal cavity of dogs. These have been digested, until the period of the more distinct development of the bony tissues has been reached. After that period they have become sources of irritation and have been cast off by suppuration.

DR. M. PRICE said: I do not think that a study of the cases on record will make a man perfectly satisfied that he can say when he has a case of extra-uterine pregnancy. The ablest men throughout the world have satisfactorily decided that question. They have made mistakes time and time again. They have cut for supposed extra-uterine pregnancy and found something else. They have cut for something else and found extra-uterine pregnancy. It is very difficult to decide until the abdomen is opened. A ruptured extra-uterine pregnancy can only develop in the broad ligament. If it ruptures into the peritoneum, there is not a single case on record where, if the operation is delayed a number of days, that the fetus has not disappeared. Hundreds of cases are on record. I have, myself, seen eight or ten where the fetus could not be found, where the microscope positively showed the presence of extra-uterine pregnancy. Those cases that go on to development are those in which there has been first a rupture into the broad ligament, and then development up to a certain time when the child can resist the digestive action of the peritoneum. I would ask if this woman or any other woman with extra-uterine pregnancy could be benefited by electrical treatment. There is no question in my mind that in these cases electricity has done a vast deal of harm and has aggravated symptoms already existing and has imperilled the woman's life to a greater extent than if she had been left entirely to nature. The knife, as Dr. Goodell has used it, is the only treatment. Delay is not justifiable at any period, unless when the case comes into the hands of the surgeon the child has passed to that degree of development that warrants its being left to the period of viability. All of these cases demand operative procedure at an early period, if they come into the hands of the operator.

Dr. William Goodell said: I fully agree with the remarks of those gentlemen who hold to the uselessness of electricity. I think that there is only a single class of cases of extra-uterine fetation in which electricity might be valuable, and that is in the early weeks before hemorrhages have occurred. An examination of the specimen before us shows, to my mind, that hemorrhages must have taken place in the tube forming layers of organized clot. In such cases I do not see how it is possible for electricity to do anything but harm. In those occasional rare specimens in which the chorion has remained intact, resembling an abortion coming away without rupture, the ovum being nothing more than a delicate, but shaggy bladder, with the fetus inside, I can understand how electricity could do good by destroying the life of the fetus. Then everything might readily become absorbed; but as we can never know positively beforehand whether or not hemorrhage has occurred, my own feelings are in favor of immediate section. While the difficulties of diagnosis are undoubtedly very great, this need not interfere with our treatment. We find a woman suffering from certain pelvic symptoms and we discover an extra-uterine tumor of some kind. Now a painful pelvic tumor must be removed, whatever it is. The only change in the treatment would be to hasten on the operation were the symptoms pointing in the direction of extra-uterine fetation.

Dr. Howard A. Kelly read the report of a case of

Cholocystorrhaphy followed by Cholocystotomy

and evacuation of one hundred and eighty-eight gall-stones, and recovery. Operative procedures practised upon the gall-bladder, he said, must always remain among the rarities in abdominal surgery, on account of the difficulties attending correct diagnosis, and the technical difficulties of treatment. The indications for operation are also more rarely found in any intrinsic disease of the gall-bladder, but pertain rather to disease elsewhere, whether through the formation of calculi or stenosis of the common gall-duct, by which the bladder itself is transformed into a retention cyst. And inasmuch as this is the chief characteristic of the disease, it also forms a very important factor in accounting for the failure of the operation to cure the patient of all disability, and to accomplish more than a mere technical operative success.

Technique. Inasmuch as the operation becomes one for the evacuation of the contents of the gall-bladder or common duct, the technique of the operation involves an answer to the simple question: "What is the safest method of opening the gall-bladder, and the safest after-treatment of the wound thus made?" Under pathological conditions the contents of the gall-bladder are often irritating, and must be carefully excluded from the peritoneum. The plan which I adopted in the following case is applicable to a certain percentage of all cases, and will yield excellent results wherever similar anatomical conditions are found. The steps are,—

Incision through the abdominal walls at that point at which the gall-bladder or its notch in the liver are to be felt most prominently.

Suture of the gall-bladder to the margins of the incision.

Evacuation of its contents, either immediate or after the visceral and parietal peritoneal surfaces have united.

This preliminary suture of the gall-bladder to the abdominal wall, excluding the peritoneum for danger of septic influence, fixing the gall-bladder, and providing for the subsequent escape of its contents by a fistulous track, is a step in the technique, with its own technical peculiarities, of such importance that I have dignified it by name of "Cholocystorrhaphy."

Dr. George E. Shoemaker reported a case of

"Puerperal Septicæmia."

Because of the interest which attaches at the present time to the question of the place of laparotomy in the treatment of post-puerperal trouble, this case is reported. It is one in which the question of operative interference was weighed and decided in the negative—correctly, as was shown by the autopsy. B., aged 26 years, Irish, having had one child with indefinite history of after-trouble at that time, was delivered, April 23, of a small male child before full term. At five and one-half months she had had a free hemorrhage from the vagina, which was stopped under another practitioner's care. Three days prior to the labor, while asleep in bed at 3.30 A. M., she was again seized with free bleeding. She sent for another practitioner, who gave ergot, and the hemorrhage ceased. There was no pain, and the ergot did not bring on labor. Just forty-eight hours later, while again asleep in bed, another free hemorrhage occurred, again without pain. Several hours later, or two days after the first hemorrhage, the writer was called. The bed-clothing, body linen, and mattress were much soiled by large quantities of dried blood. The vagina contained considerable offensive clot, the os was dilated to the size of a half-dollar, and was occupied by clot, the pains were absent, the child living, and presenting L. O. A. The margin of the placenta was easily felt posteriorly and to the right, so that, as might be expected from the history, there was partial placenta prævia.

Efforts to remove the septic surroundings were begun at once. The nurse in attendance, ignorant and unclean, with a suppurating skin eruption in the palm of the hand, was discharged, and a trained nurse obtained from that admirable charity, the Visiting Nurse Society. Soiled clothing was removed, a vaginal bichloride of mercury douche given, the matted pubic hair cut off, and the patient's body and hips thoroughly bathed in 1 to 1,000 sublimate solution, this being a greater strength than would have been used but for the decomposition. All this was several hours before the labor terminated; and from a time at least four hours prior to delivery, strict antisepsis was maintained by the free use of mercurials on hands and about the patient. It was too late; the decomposed blood had poisoned the system before delivery,—a clear case of ante-partum infection. Hemorrhage did not recur, so that no measures were necessary for its arrest after the writer assumed charge of the case. It was the intention to perform version at once on its recurrence, as much blood had been lost and the child was weak. The labor terminated spontaneously without complications, the child being alive and the mother in fair condition, though with apparently some rise of temperature. Unfortunately the thermometer was not used. A 1 to 4,000 bichloride of mercury hot intra-uterine injection was given immediately, but the temperature rose above 103° eight hours later; that is, too soon for post-partum infection under the circumstances. There was, however, no tenderness over the uterus, no pain, no sign of peritonitis, and no abnormal odor to the lochia, which were apparently normal. Another 1 to 4,000 bichloride injection was, however, carried into the uterus, and the treatment with quinine and whiskey begun, which lasted throughout the case. Epsom salts, ʒss, hourly till the bowels moved disturbed the stomach without improving the general condition later.

There was no decided change for four days; the fever reached about 103° in the afternoon, but the stomach acted well and the strength was fairly maintained. The lochia were without abnormal odor and of fairly natural appearance till the end of the second day, when the injections were stopped, to be resumed later on the appearance of slight odor. There was at no time any great tenderness about the uterus or over the abdomen, which remained soft and undistended. As the case progressed, no definite local complications appeared. There was no uræmia and no sign of mercurial poisoning; the bowels acted well. On one occasion a considerable swelling occupied the abdomen in the median line below the umbilicus. At first glance it was supposed to be the uterus distended by clot, but when light pressure by the hand was made upon it, much to the writer's surprise the swelling at once and permanently disappeared, while at the same time there was an audible escape of gas, probably from the vagina. From the patient's mental condition, exact information was not obtainable, and there was no opportunity to repeat the experience. Was this physometra? The pelvis was repeatedly examined, but no accumulations could be felt. There was evidently no considerable amount of necrotic material in the uterus, for the discharges did not indicate it. There were no symptoms of peritonitis at any time, and in spite of the fixed determination of the patient to die, the outlook was fair until after the fourth day. From this time till the eighth and final day the progress was downward. The temperature became 104° in the afternoons, with violent active delirium, obstinate insomnia, and profuse perspiration, especially at night. The stomach and intestines remained in fair order, but the nervous condition was very bad. The temperature rose on the morning of the eighth and final day to 106.6°, and the patient died of exhaustion. No attempt at laparotomy was made, because none seemed indicated in the absence of peritonitis or any sign of definite pelvic trouble. With the utmost difficulty, permission was obtained to make an autopsy, the husband being present to see that nothing was removed.

Autopsy, twenty hours after death: rigor mortis; emaciation; abdomen very slightly distended. Abdominal cavity contained the usual amount of serum, which was pinkish red, not turbid; contained no flocculi, but simply stained the muslin without leaving residue. No sign of lymph exudate or pus. Peritoneum and intestines pale and smooth without any adhesions and without hemorrhagic spots. Intestines not over-distended. The uterus, as large as a large fist, was distended by gas, and when compressed remained collapsed like a bag. It was pale bluish white in color, incision showing the walls to be about one-third of an inch in thickness; the cavity empty of all fluids. A pinkish red, thin, transparent coating of mucus covered the lining membrane. This mucus was not abundant enough to flow—simply a coating. It was examined under the microscope and found to contain no pus, but to be made up largely of epithelial cells of various ages, showing very marked fatty change. The large amount of fat was remarkable. It was not extraneous, as no lubricant could be obtained for use on the hands. The left tube was of the size of the little finger, and when first touched apparently contained gas like the uterus. It collapsed with handling, but no liquid could be found in the uterine cavity which could have been squeezed from it. It was not adherent, and when delivered with the ovary through the abdominal incision and incised did not look unhealthy, and contained no fluid. The right tube was smaller, and contained no gas. It was adherent to the uterus and the right side of the pelvis by old adhesions, but was delivered with the ovary through the abdominal incision, incised, and found empty. Both ovaries were of normal size, the tubes of a bluish pink, and pale like the other organs and the peritoneum from loss of blood. No collection of pus or any source of infection, removable or otherwise, could be found in the abdomen or pelvis. Other portions of the body were not examined, owing to the exigencies of the post-mortem. There had, however, been nothing to call attention to them. The cause of death then was general septicæmia, with no continued source of infection near the point of original departure.

The question of the treatment of post-puerperal septic conditions by abdominal section, as suggested and practised by Mr. Tait and others, is one of great importance. The reports of successful cases demonstrate beyond doubt that in laparotomy a new and very valuable means of combating some forms of a fatal disorder has been developed.

Just now we are in need of more definite clinical knowledge as to when the belly should and when it should not be opened. Where peritonitis persists, the profession is rapidly reaching the conclusion that laparotomy increases the patient's chances, or, if there is a distinct purulent collection, that it affords almost her only chance.

Whether pus is to be found in the peritoneum, in the tubes, or in the connective tissue, whose intercellular spaces are continuous with the lymphatic vessels, its removal, followed by drainage, is unquestionably indicated. Where the uterus itself is infected to such a degree that the local use of dull curette and antiseptic douche will not remove the source of infection, there is nothing suggested which is more promising than hysterectomy, though in practice this is likely to prove disappointing from prior general infection. It must not be forgotten, however, in these days of readiness for operation, that there are cases, such as that here reported, where there is early a general infection, not from pus, for there is none formed, nor yet from any remaining focus of infected material; and where it would be just as useless to incise the peritoneum or remove tubes as to remove the stomach hours after a poisonous dose of atropia. There are some cases, in which, if they go on long enough, abscess may form late, especially from emboli, where phlebitis exists; but the pus may lie in lung or brain, as well as in more accessible localities, and the hope of recovery does not lie in laparotomy.

What is demanded therefore in each case is a careful study of that case by itself, and repeated examination for foci of infected material. When these are found, they should be removed, if accessible, at the earliest possible moment, and by any safe means which will thoroughly do the work.

Discussion.

Dr. William H. Parrish said: The question of laparotomy for septic infection accompanying or following labor is one of great importance. Doubtless many errors have been made in not opening the abdomen, while against this is the fact that at the present stage of abdominal surgery, we should be on our guard that we do not go to the other extreme and open the abdomen in cases of septic infection following labor, when the operation is not indicated. It has so happened that in an acquaintance with the Philadelphia hospital, extending over fifteen years, I have seen a goodly number of autopsies in cases of septic infection after labor. I have seen few instances in which the autopsy showed that laparotomy would have been of any special value. Where there has been a pus accumulation without fatal general septic infection preceding it, and that pus cavity is so located that it can be opened and drained or entirely removed, the operation is a proper one. If there is reason to believe that there is an accumulation of pus in the peritoneal cavity, it will be right to open the peritoneal cavity and remove the pus, provided the woman is not in a moribund condition. There are, however, cases in which the purulent peritonitis develops very late in the history of the case. There are not a few instances in which the septic infection, as it has extended from the uterus, shows its local effects in the lymphatics, and the fatal result is probably determined before the peritonitis takes on a very active form. I am sure that I have seen this occur. In an endemic in which twenty or thirty autopsies were made, we found the peritoneum in various stages of inflammation. Cases that died early showed inflammation of the lymphatics, and the formation of pus in the lymphatics, particularly of the broad ligament and uterus, with swelling of the areolar tissue and degeneration of the peritoneum. In other cases, the condition was more advanced, with the formation of lymph and flocculi and turbid fluid in the peritoneum. In other cases, where the patient lived still longer, we found a larger quantity of purulent looking fluid. I believe that if these cases had been operated on, the result would not have been favorably influenced. In fact, I think that in some the fatal result would have been promoted by operation. It requires more judgment, and I think probably more skill, to determine when the abdomen should be opened in these cases than to do the operation.

I have in a few instances opened the abdomen after labor, and, as I think, have thereby saved the patient. It has so happened that in all the cases in which I have opened the abdomen after labor that the pus has been in the areolar tissue of the pelvis. These cases have recovered. I have not operated on a patient after labor who has not recovered. I do not recall a single instance of pus in the tubes. There was a limited quantity of thickened fluid, but nothing like pyosalpinx. I think that this is rare, especially in endemic septic infection.

Dr. J. M. Baldy said: I agree with Dr. Parrish in regard to the difficulty of deciding which of these puerperal cases are subjects for operation and which should be let alone. At one time I thought that it was rather easy to distinguish; but as cases came one after another into my hands, I found it extremely puzzling to know what to say. If there is pus in the tube, which I found in one case, it is easy to settle the question. It is often difficult to say whether or not there is pus at all. In the vast majority of cases in which I have been asked to decide for or against operation, I have advised waiting, and all of these cases have recovered, showing that there was no pus. If you can make up your mind positively that there is pus or purulent fluid, there would be no question as to the advisability of operating. I should not wait because the woman was far gone, in the hopes of bringing her up. I think that the pus is at the bottom of the trouble, and that the only way of saving her is to stop its absorption at once, by removal. The great difficulty is to decide whether pus be present or not, and it requires caution, or we shall be led into many operations which will be unnecessary. I think in the case of Dr. Shoemaker, that the question of operation would not have come up at all. It was not a case of peritonitis, nor were there symptoms of local trouble. From the report I can see no indications for the use of the knife. I think that this was clearly a case of absorption of ptomaines, and in such a case there would never be formation of pus.

Dr. M. Price said: I have had rather an unfortunate experience with this operation. In three cases that I have had there has been persistent vomiting. For days there had been fever and quickened pulse and a well-marked chill. Upon examination there was unquestionable evidences of pelvic inflammation. In one case tubal trouble was well marked, and the uterus could be mapped out from the tubes. In this case the operation was performed on the eleventh day, after it had been determined that the woman had peritonitis. Three pints of pus poured out. The pus had burrowed up behind the kidneys on either side. The case was fatal. The second case was one of criminal abortion, where the girl fell into Dr. Musser's hands at the last minute, and he sent her to me. Within six hours I operated and found three pints of pus. No well-marked tubal trouble could be found. All the surroundings were in a semi-gangrenous condition. The patient died. The third case was seen a few weeks ago. The pelvis was as solid as if it had been frozen. She had a chill and the broken tea-leaf appearance of the vomit. She finally consented to an operation, and on opening her, from one to two pints of pus escaped. Nothing was done but to open the belly, break up the inflammatory adhesions, wash out the cavity, and use drainage. In these cases, I think that early operative procedure would have given the patients a chance for their lives. If I were to-night to see a case of septic peritonitis where there had been a chill, some distention of the bowel, a fixed condition of the uterus, I should not hesitate longer than to obtain my instruments.

Dr. J. Price said: Dr. Parrish has well selected his cases; he has not made any mistake; he has operated in suitable cases, and others he has permitted to die because any operative interference would simply have hastened death. In all the cases in which we have operated, we have been able to place our fingers on something before operating. The cases reported by my brother were all dying. It is unfortunate for surgery that we should be forced to operate on a dying patient. A large number of puerperal cases have been saved. Dr. Baldy has saved two cases. I have had a number in my own practice. Dr. Bernardy has had one, and I could cite a number of other cases. In none of the cases cited by Dr. Parrish did he put his hand on anything on which to operate, and he cannot cite a single case in which he opened the abdomen when he should not have done so.

Dr. W. H. Parrish said: I wish to add one word in regard to operating when the conditions seem to be fatal. I did not mean to say that I would not operate on an abscess, believing such to be present, when the patient is very ill. In one instance I removed one and a half gallons of pus from a patient in a condition of extreme emaciation and almost ready to die. She is now well. I should hold off from operating in a case in which the blood-poisoning was so great that there was no possible hope for recovery. Where there is an encysted abscess, the patient will live a long time; but in endemic diseases with dense septic infection, the patients, even when first seen, are often so ill that exploratory incision would certainly not be a proper thing to do, inasmuch as it would add to the mortality following surgical operations and deter others from operating and other patients from being operated upon. If there is reason to believe that there is a pus cavity, I should operate if the patient was almost in extremis. Where, on the other hand, the blood-poisoning was the main trouble, I should not open the abdomen as a matter of exploration.

Dr. Joseph Hoffman said: There is one point in connection with the case of Dr. Shoemaker to which I would call attention, and that is the use of the bichloride and the absence of odor. It seems to me that the absence of odor must have been due to the bichloride. The statement that there was no odor is perhaps a little too wide, inasmuch as disinfection was used persistently. It seems very evident that the case was one of general septicæmia from the preceding dirt, and that the peritoneal condition was only an incident to the general systemic poisoning. I have seen one case die from general peritonitis in which there was pus, but in which the symptoms appeared only on the eighth day, the patient succumbing on the tenth day.

The PRESIDENT asked: How do you explain the physometra?

DR. GEO. E. SHOEMAKER said: I did not assert that there was physometra. I only asked if the escape of air from the uterus or vagina could have been so explained. If there was gas it was probably the result of decomposition. There was no peritonitis at any time. When I say there was no odor to the lochia, I mean no abnormal odor, except at the time mentioned, when there were indications for disinfection. I would like to call attention to one difficulty in the diagnosis of post-puerperal pelvic abscess. Over a year ago I had a bad case of septicæmia in a woman who had been delivered by another gentleman. She developed on the left side of the uterus a decided sense of resistance, and a tumor apparently the size of the fist, and tender on pressure. The temperature was 105°–106°, and there were profuse sweats at night. I felt very solicitous as to whether or not there was pus. The enlargement proved to be a fecal mass, which purgatives removed in a few days. No operation was performed, and to-day there is not a healthier woman in the city.

DR. J. PRICE presented specimens, among them two of

Myoma,

in connection with which he said: These two cases demonstrate to me the uselessness of electricity in many of these cases. It seems to me to be about as probable that we could act upon the primitive iliacs or aorta by electricity as that we could influence vessels the size of the finger in this tumor. In regard to extra-uterine pregnancy, he said, I would call attention to two or three cases on record, and to the uselessness of electricity, and to some points in diagnosis. Bantock recently removed a ruptured tubal pregnancy on one side and a pyosalpinx on the other. In that case it would have been impossible to make any refinements in diagnosis. Dr. Eddis exhibited to the British Gynecological Society specimens of recent operations. One was an ovarian cyst the size of a hen's egg, and above this the right Fallopian tube was enlarged about the size of a small walnut by an extra-uterine pregnancy. This had ruptured at the other end. This case was a typical one, and illustrates very beautifully how common it is to find a mixed condition of affairs in the pelvis. Such has always been my experience. When we open the abdomen we do not know what we are going to find. We may not have the slightest suspicion of extra-uterine pregnancy, and yet in many cases, as has been demonstrated in this town, find one.

It is common to find small blood-cysts, and these small tumors contain peculiar little bodies. These small blood-cysts often look like extra-uterine cases, but many of them are not.

DR. WILLIAM GOODELL said: In regard to the treatment of the pedicle in simple hysterectomy, I have had within the last two years at least a half dozen cases, and in some the tumor was very large. One weighed over thirty pounds, another weighed forty-six pounds, and the abdominal incision in this case was the longest I ever made. The pedicle was a little larger than my wrist. In these cases I have ceased to use the extra-peritoneal method, but have dropped all the pedicles, and all the women have recovered. I transfix the pedicle with a double ligature, and tie on either side provisionally. Then the tumor is cut away and the pedicle is scooped out so as to be funnel shaped. Each ligature is now untied, its free ends wrapped around the handles of two forceps, as a purchase, and retied as tightly as possible. I then close up the cup-shaped cavity by sewing the peritoneal edges together. In the last case I did this with the continuous silk suture. In one case I used catgut, but in all the rest, silk. All the cases have recovered as promptly as after a simple ovariotomy. Unless the pedicle were of extraordinary size, I would in future resort to this method, for convalescence is far more prompt than with the extra-peritoneal method. In these cases I have not used the drainage-tube unless there were adhesions. In the case of very large tumor, the adhesions were so formidable that the woman came nigh dying on the table. In this case I used the drainage-tube, but in most of them I did not.

Dr. Joseph Hoffman said: I thought that Dr. Price would have referred to a case of my own in which there was extra-uterine pregnancy and pyosalpinx. The diagnosis could have been made had not the woman's condition been so critical that it was not necessary to go into any refinements. In the case of fibroid tumor shown, the belly, previous to operation, was certainly as large as at a seven months' pregnancy. In reference to the blocking up of the intestines, I removed three weeks ago a tumor two-thirds the size of the one shown. The woman gave a history of pain in the side ever since menstruation, and pain and trouble in defecation so great that they could only be explained by adhesions. The tumor was not large enough to make sufficient pressure to cause such trouble by its weight alone. She had suffered so long that I expected to find a dermoid cyst. The question to my mind was whether this had been developing for a long while, was still growing, or had grown so far and stopped. I do not think that if Dr. Price had the experience that I have had in the last few days, he would give his specimens to patients. An attempt to blackmail me was made by a woman to whom I gave a specimen. She took it to another doctor, who encouraged the idea that nothing had been wrong, and that the operation was unjustifiable. This was one of the most severe cases that I ever attempted to deal with. The adhesions were so great that I had to use a drainage-tube for two weeks.

Dr. J. Price said: In regard to the treatment of the pedicle. At a discussion before the American Gynecological Society at New York, Dr. Bantock and Professor Martin had the opportunity to present the relative merits of the two methods of treatment, and I think that Dr. Bantock demonstrated to the satisfaction of the society that the extra-peritoneal method was the better one. We are inclined in all work to follow successful operators. I am glad to hear Dr. Goodell state that he has been so successful with the intra-peritoneal method—much more so than Professor Martin and others; Professor Martin's mortality from hysterectomy is still high. Dr. Bantock's is down to from 12 to 14 per cent. Mr. Tait has had a run of thirty-two supra-vaginal amputations without a death. Mr. Keith lost three in thirty-eight or forty. The three most successful operators in the world are Bantock, Keith, and Tait. They are all three working with a mortality less than 14 per cent. This is about as low as Meredith Thornton in ovariotomy. Many cases such as Dr. Goodell mentioned are quite tempting. In my case the pedicle was larger than the wrist. I screwed up the clamp five times, and each time I thought that it was quite tight. I have never lost a simple hysterectomy. I have lost two with cancer. In both the disease had invaded the bowel, and I do not see that it would have been any advantage to them to have got well. In regard to drainage: that is still a disputed point. After dropping the pedicle, Professor Martin pushes a rubber-tube up through the vaginal vault. While he does not approve of drainage from above, he does from below. Mr. Bantock drains largely where there are adhesions. For myself nothing would at present shake me in my views in regard to drainage. In my first series of one hundred cases, I drained in 46 per cent.; in the next, I drained in over 50 per cent.

Dr. H. M. Weeks reported a

Case of Ovariotomy,

done in October, 1888, and Dr. J. M. Baldy reported the subsequent history of the case because of its unique ending.

Dr. J. B. Deaver exhibited a large

Multilocular Ovarian Cyst.

The patient was from Maryland. There was considerable ascetic fluid. There was a large tumor on the left side containing colloid material. The woman had suffered considerable pain. There were also papillomatous contents, and malignancy was suspected. A smaller tumor was removed from the right side.

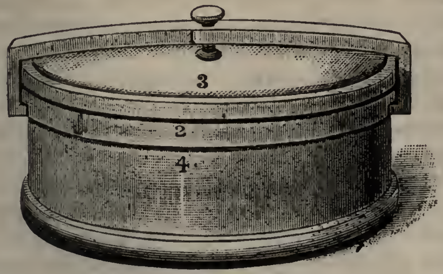
Dr. M. Price exhibited a

Substitute for Senn's Plates,

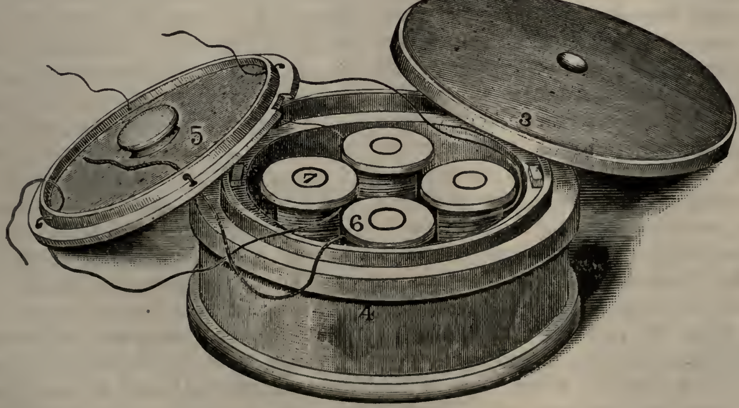
which is simply a transverse section of the femur of beef, which has been decalcified. It is used in the same way as Senn's plates. The openings in the transverse section are across instead of on the plane of the surface on the bone, and absorption will take place more rapidly. The advantage over the Abbe ring is that this holds its form, while the catgut ring is liable to twist and give some trouble in its application. These plates are being used by Dr. Deaver and my brother upon some dogs, and later they will make a report of their observations.

Dr. H. M. Weeks exhibited an

Antiseptic Ligature Box.



This box is presented to the profession for preserving and carrying ligatures that have been prepared and rendered aseptic or antiseptic, enabling the operator to cut his ligatures and suture, at the time of operating, without danger of soiling or infecting the portion not required for immediate use. It is made of a fine quality of earthenware, thus securing strength and durability; at the same time it is light, compact, ornamental; and last, but not least, it can be furnished at a price that will enable every one practising surgery to provide himself with one or more. The box can be had in any color desired, or with any decoration the consumer may wish.



The accompanying cut represents the different parts as follows: The box is round, four inches in diameter and two inches high, with an outside cover, No. 3, that is held in position by a neat clamp, No. 1, which, when adjusted, is prevented from slipping by a slot on either side of the band or flange at the top of the box, the screw holding the cover tightly down upon the rubber washer, No. 3, which encircles the top, and renders the box absolutely air and fluid tight, so that the ligatures can be carried constantly in any solution desired without danger of leakage.

The inner cover, No. 4, is a flat disk with a slot cut in the edge to allow it to be placed in position, and held by two small catches placed on opposite sides of the box; the small knob in the centre serves to turn and place and remove the cover. There are four holes perforating this cover for the four sizes of silk generally used, and half an inch from the edge of the cover there is a raised band, also perforated, for the silk to pass, thus making it impossible for the end of the ligature to drop back into the box when cut. This cover rests upon a ledge, and is left in place except when necessary to fill the reels or spools with silk, or the box with solution.

The reels or spools, No. 6, four in number, stand upright, and are held in position by separate spindles, No. 7. The whole box is highly glazed; there is no metal nor anything that can be acted upon by any solutions, and the material from which it is made can be subjected to any amount of heat, either dry or by boiling. It can be taken apart in a very few seconds, and every part thoroughly cleansed.

Should any of the parts break, they can be replaced, as they are interchangeable.

* * *

—There was a small-pox scare at Castle Garden, in New York City, on July 21. Over 9,000 immigrants were rigidly quarantined while a supposed case of small-pox from the steamship City of Chester was under investigation. The eruption which occasioned the alarm appears to have been from measles.

PERISCOPE.

Diagnosis and Treatment of Fractures of the Lower End of the Humerus.

Dr. Charles A. Powers, Surgeon to the Out-Patient Department of Chambers Street Hospital, New York City, contributes a paper to the New York *Medical Record* based on 50 consecutive cases of fracture of the lower end of the humerus. Speaking of the diagnosis of these injuries, he says he thinks the presence of bony crepitus and abnormal mobility are the salient points. Disability, local pain, and tenderness, ecchymosis, and swelling are common to contusions and sprains as well as to fractures, though present, as a rule, to a greater degree in the latter. We are told to see, he says, that the bony prominences, the olecranon, head of the radius, and epicondyles bear their normal relation one to the other. This is good as far as it goes: it bars out dislocation, but there is frequently fracture without appreciable displacement.

Well-localized bony crepitus and a false point of motion are the evidences on which our diagnosis must be based. Firm grasping of the humeral shaft with one hand and seizing of the condyles transversely, and "rocking" the lower part strongly on the upper, will determine whether the condylar portion is attached or detached. Each epicondyle and condyle may in turn be subjected to a like manipulation. Should the base be broken off, one condyle must be rocked upon the other to determine the presence of three or more fragments. If much swelling is present it is not easy to grasp the condyles, yet Dr. Powers has found that steady, firm pressure will sink the fingers until they reach and hold the bony points. Swelling obscures the outer condyle to a much greater extent than the inner. Even though the effusion is great, he has never had difficulty in grasping the latter. The manipulation should be gentle yet firm, and one should apply all due force to the bony parts. "He who handles a traumatic elbow as lightly as he would if it contained eggs which he feared to break, will not, in all cases, arrive at the most accurate diagnosis."

The examination is always more satisfactory when made under an anæsthetic, and it should be administered in all cases of doubtful diagnosis, or in those in which it does not seem advisable to subject the patient to the necessary pain. Joint-crepitus at the elbow is very misleading; when there is a moderate plastic exudation one articular surface grates upon the other in a most deceptive way. This can sometimes be obviated by having assistants hold the bones apart, but even then the force necessarily used in "rocking" the bony parts jars the joint. In these cases an anæsthetic is indispensable, and even with its aid, diagnosis may be obscure. Dr. Powers says he has of late seen several such elbow-cases, which presented themselves without luxation, yet in which, under ether, the bones of the forearm were very easily thrown backward, leaving the lower end of the humerus to project anteriorly and capable of thorough and satisfactory examination.

Treatment seeks to accomplish two prime ends. First, complete restoration of the joint-function; second, the avoidance of deformity. These are best accomplished, in Dr. Powers's opinion, by placing the injured joint at rest in a plaster dressing, and flexed within a right angle.

Cologne Drinking.

Dr. T. D. Crothers, in an editorial in the *Quarterly Journal of Inebriety*, July, 1889, says that the use of colonge as a substitute for spirits is very common among inebriates; generally when no other form of spirits can be procured. Recently attention has been turned to the rapidly increased consumption of cologne, both in large cities in Europe and this country, and the conclusion reached by several authorities is that cologne is becoming a drink in many circles in preference to other forms of spirits. To many persons this odoriferous compound is very attractive, and especially when the cologne is made with methylated spirits its spirit strength is equal and exceeds many of the stronger alcoholic drinks in market.

The factories for its manufacture in Cologne use the following general recipe: Twelve drops of the essential oils neroli, citron, bergamot, orange, and rosemary; one drachm of malabar cardamons to one gallon of rectified spirits. In this country cheap wood spirits are used, which gives greater alcohol strength at half the expense.

In England many women and men in the better walks of life begin by taking a few drops of this perfume on sugar in the morning for some debility. This increases until they come to depend upon it the same as any other spirit compound. It can always be purchased with ease and without exciting suspicion, and can be used with great secrecy. American cologne is most often made from wood spirits, and is a very fiery, nauseous mixture which cannot be taken in water, but used on loaf sugar or lozenges is endurable. In one instance a wineglass of cologne was taken three or four times a day for a long time; the patient finally died from delirium tremens. It appears that the effects of this drink vary but little from ordinary strong spirits, except, perhaps, there may be more profound nutrient disturbances, insomnia, and tendency to delirium. If the cologne is made from wood spirits, the brain and nerve degeneration is both intense and profound, and delirium is very sure to follow.

It has been asserted that melancholia and insomnia in a case suspected of using spirits in secret is an indication of the use of cologne. Usually the cologne drinker will have a strong odor of this perfume about his body and breath which cannot be mistaken. Such cases usually use this perfume externally in excess to divert suspicion from its internal use. Undoubtedly there are, in this country, an increasing number of cases where cologne is used secretly and exclusively. These cases, no doubt, become morphia, chloral, and cocaine inebriates after a time, and in some instances from a physician's prescription which contains these drugs, that are often fascinating substitutes. The alcohol and opium inebriates turn readily to cologne, and use it freely and with great satisfaction. The American inebriate, if a man, is not likely to use this perfume very long as a drink, but if a woman, it may be taken for years in secret. Obscure and complex nervous disorders in a woman that uses cologne externally should always suggest the possibility of its internal use. Inebriates who use it externally and recover rapidly, or make sudden changes of habits and living, may be suspected of substituting it for other spirits. Cologne, both German and American brands, contains a large and variable per cent. of alcohol, and are always dangerous for use among neurotics, even externally. Its internal use is very likely to follow if the person has a great liking for this perfume. In hospitals for the treatment of alcohol and opium cases, cologne is found to be as dangerous as alcohol and is not allowed. In private practice among neurotics the possibility of this danger should always be considered.

Carbonate of Ammonia as an Emetic.

A writer to the *British Medical Journal* says on the subject of emetics: "Several of your correspondents have lately written on the use of apomorphine as an emetic administered hypodermically in intoxication. I cannot see why such a doubtful remedy should be used when we have others more simple and effective. Years ago, when in charge of a surveying party on French Creek, near the Allegheny Mountains, the drunken doctor of the village where we stayed the night, when in a state of semi-drunkenness, took a piece of carb. ammoniæ out of his surgery bottle and chewed it. The effect was almost magical. The contents of the stomach were quickly ejected, the usual depression not following, so that he was able to at once resume his debauch. Since then I have tried the remedy many times with great success. The drunkard can generally be roused and got to swallow half a drachm of ammon. carb. dissolved in a wineglass of water, and if drunk off, this will prove immediately effective as an emetic and restorer. The reason is obvious. The stomach is cleared and the stimulating effect of the salt prevents the excessive depression usually following excess. Never having seen nor heard of this treatment being adopted in this country is my excuse for troubling you with this letter."—*Kansas City Medical Journal*, July, 1889.

Dermatological Notes.

Under this title, Dr. A. H. Ohmann-Dumesnil, of St. Louis, contributes some interesting suggestions to *Medical Chips*, May, 1889.

Acne rosacea, he says, is a disease which is chiefly confined to the nose and adjacent parts. It is an inflammatory disease which may depend upon internal causes or may be directly due to external irritation. General disturbances of the gastro-intestinal canal generally produce the trouble or aggravate it. A common cause is the excessive use of alcoholics. The skin becomes reddened, small dilated capillaries may be seen, and acne papules and pustules also frequently appear, accompanied by comedones. A sense of burning and tingling often manifests itself. In those who do not indulge in the flowing bowl, the unsightly appearance of this affection, together with the suspicions as to alcoholic excesses which it excites in strangers, render it a source of great annoyance.

The treatment of acne rosacea which he has found to be of most service, in a general way, is the application of Vleminck's Solution. The formula of this solution is as follows:

℞ Calcis . . . . ℥ss
Sulphuris sublimati . . . . ℥i
Aquæ . . . . f℥x
M. Coque ad . . . . f℥vi, et filtra.
Sig.—Apply once or twice daily.

The boiling should be carefully done over a water bath, and the filtration closely looked after. The solution should be perfectly clear. For the enlarged capillaries nothing is superior to the electrolytic needle. When pustules exist, they should be opened and washed with a 1-1000 bichloride of mercury solution.

Of course, any internal trouble should be attended to, and all alcoholics interdicted.

Sycosis, the non-parasitic peri-folliculitis of the beard, is an affection which is very rebellious to treatment. A case which he treated some time ago showed very good results, in a comparatively short time, under the following treatment: The diseased hairs were epilated every day for some time; afterward the patient was instructed to shave himself daily. During all this time, he was instructed to make the following applications: In the morning, after epilating or shaving, the hairy parts of the face were washed with a 1-1000 solution of corrosive sublimate. At night, just before retiring, the same parts were thoroughly wet with campho-phenique. Improvement steadily progressed, and in about two months cure was complete.

Syphilitic psoriasis, as it is called, or, more correctly, the squamous syphilide of the palms, is one of the most obstinate of the local manifestations of lues. Internal treatment will not affect it, and the local use of a mercurial is very unsatisfactory. The author says he has obtained excellent results in several cases by means of the daily application of the following:

℞ Acid salicylici . . . . ʒss
Chrysarobini . . . . ℈i
Liq. Guttæ Perchæ, U. S. P . . . f℥i
M. Ft. sol.
Sig. Apply with a brush once daily.

This preparation forms a dry film over the lesion, and the keratolytic agents which it contains cause a rapid disappearance of the thickened and hardened epidermis.

The treatment of scabies, which has been efficient in his hands, and which is the most cleanly, is one not generally known. The two following solutions are ordered:

NO. 1.

℞ Acid muriatici dil. . . . . f℥i
Aquæ puræ . . . . f℥iv
M. Ft. sol.

NO. 2.

℞ Sodii hyposulphitis . . . . ℥iv
Aquæ puræ, q. s., ad saturand.

M. Sig. Apply No. 2 at night to the affected parts, and put on clean underwear. Upon arising the next morning, apply No. 1. No. 2 should be allowed to dry without removing any portion. As soon as No. 1 is applied it precipitates the sulphur in No. 2, and then we have this drug in a finely divided state occupying every fissure, nook and cranny. One treatment generally suffices.

Chrysarobin, or chrysophanic acid, still holds its own despite the numerous substitutes which have been offered. Combined with salicylic acid, it is less apt to stain the skin. However, it should never be used on the face on account of this unpleasant property which it possesses. Care should also be exercised not to apply it to too extensive portions of the skin, as it may produce severe toxic symptoms. When combined with traumaticin (liq. guttæ perchæ, U. S. P.) its action is more restricted to the skin and there is not so much absorbed.

"Warner's Safe Cure."

According to the *National Druggist* the entire stock of these alleged remedies in the Vienna Pharmacies were recently seized by the police. The law requires that a copy of the formula be deposited with the authorities and the pharmacists. This has been complied with, and the *Pharmaceutische Post*, from which the account is taken, believes that the offence lay in the quack-like and charlatanic recommendations which accompany them, and against which many severe rulings and examples have recently been made. It will apparently take many years to educate this country even to the point of compelling the formula for these nostrums to be published. The recent failure of this question in the New York Legislature is not encouraging.—*Occidental Medical Times*, July, 1889.

THE
MEDICAL AND SURGICAL
REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,
Editor and Publisher.

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Write in ink.

Write on one side of paper only.

Write on paper of the size usually used for letters.

Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate or omit words like "the" and "a," or "an."

Make communications as short as possible.

Never roll a manuscript! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

THE MEDICAL AND SURGICAL COLLEGE OF NEW JERSEY.

Our attention has been called to the Medical and Surgical College of New Jersey, in Jersey City, N. J., and we have made some inquiry about it for the benefit of our readers. This institution claims to act under a charter from the Legislature of the State of New Jersey, issued in 1870, and amended in 1888. The terms of the charter, as the Secretary of State for New Jersey informs us, provide for the incorporation of the "Eclectic Medical and Surgical College of New Jersey," and the name of the institution was changed by dropping the word "Eclectic," by certificate filed December 22, 1888. The charter authorizes the college to grant the degree of M. D. to men or women who are "such persons as the degree is conferred on generally by medical colleges generally throughout the United States." This authority is apparently limited to those who have actually studied medicine for at least two full courses, or have been in practice four years and have studied for one course in the college.

The announcement last issued contains the statement that "the Faculty consists of the most eminent members of the medical profession of New Jersey and New York." On looking over the list, however, we fail to discover a single name of which we have ever heard before. On making inquiry, we find that four of the eleven men, whose names are put as professors, are eclectics; one is said to be a graduate of the New York Hygeo-Therapeutic College—an extinct institution. The rest we cannot now find out about. The principal personages in the Faculty seem to be two Broughtons, two Davieses, and one Gunn; and there is a Broughton set down as Registrar of the concern. A letter from Luke D. Broughton (Eclectic), one of the professors, and apparently the leading spirit, states: "We are not going to follow any 'isms' but simply teach medicine, and any students can practice any pathys he can succeed the best in, in curing diseases."

From the foregoing it may be inferred that this institution does not impress us as one which is likely to contribute much to the advance of medical science. So far it does not seem to have done much harm. Though chartered in 1870, it had no graduates until June 28, 1889, when eleven men and one woman—all of mature years—received diplomas. Of these, two applied on August 8 to the Health Board of the County for leave to file their diplomas, and this was refused, on the ground that the college could not grant a diploma such as is required by law.

The "plant" of the college is not imposing. It seems to be carried on in three small upper rooms of a building in Jersey City, and no proper courses of lectures are delivered there at all. The *Morning Jour-*

nal, of New York, on January 6, 1889, intimated that some of the teaching violated the provisions of the charter as well as the principles of decency. It is also said that several reputable members of the medical profession in Jersey City have been offered professional positions in the institution, and that not one of them was willing to accept the offer.

Taken all together, we cannot see any unfitness in the application of the name "Doctor-Mill" to this concern by the *Morning Journal.* If our information is correct, it is an irresponsible institution, which has granted medical degrees, with a form of legality but practically in violation of the rules which govern reputable medical colleges. If it has any such courses of lectures as its charter calls for, and is not a fraud as a medical school, we have not found it out.

THE BROWN-SÉQUARD ELIXIR.

In our previous references to the proposition of Brown-Séquard to use the expressed juice or macerated pulp of the testicles of lower animals as a stimulant for debilitated human beings, we have treated the subject in rather a jocular way. But now it seems as if a serious word was in order. A number of subscribers to the REPORTER have written to the Editor in terms which indicate that they have been more impressed by the sensational reports of experiments with the method in this and other cities than we think the circumstances warrant. The plain truth about this plan of rejuvenation, it is not altogether pleasant to state; but duty seems to compel it. The method originated with a man whose past achievements in physiology are no guarantee of the soundness of his judgment at this time. The proof of this will appear to any one who reflects on the utter absurdity—in a scientific sense—of his hopes from the so-called "Elixir of life," and the simplicity with which he rested upon his own experience in using it.

The thing is so palpably absurd and unscientific, that it is hard to understand how so many medical men could have been found ready to expose their ignorance by seriously practising injections of testicle-juice and water on old, feeble, paralytic, rheumatic, syphilitic—and who can tell what other sorts of patients. In this city we think no reputation will suffer; for the experimentation has been, almost exclusively, limited to persons and institutions which have a well-recognized itching for notoriety. Of the men in other cities, those who live there may judge better than we. But everywhere the practice of Brown-Séquard's method has been a mark of ignorance, or ignoring, of chemical and biological laws, which may be explained in the case of the originator of the method on the score of mental infirmity; but which has no justification in medical instructors who still have the full use of their faculties. Under natural laws, which ought to be familiar to all leaders of medical thought, nothing of the sort claimed for this "Elixir" could be secured by it; and those who carry its employment further than it has already gone will have no plea but that of the densest ignorance, with which to evade the charge of rascality. This is probably already the case with most of those who have practised it hitherto.

CONSERVATIVE TREATMENT OF JOINT-DISEASE IN CHILDREN.

The question as to the proper treatment of chronic diseases of the joints in children is a most important one, because upon its right decision depends in a great measure the future comfort and happiness of the patients. During the past decade or two the widespread acceptation of the germ theory of disease, with the tendency to regard almost all chronic articular and peri-articular affections, in which pus forms and sinuses result, as a form of tuberculosis, together with the triumphs of antiseptic surgery, have led to a disposition on the part of most surgeons to adopt operative measures in the management of these affections. In doing this, a true conservatism was aimed at, and it was believed that for once this and radical treatment were synonymous.

This is undoubtedly the case; and yet it may be that other, less active measures, which have been somewhat neglected in the zeal for operation born of the achievements of modern surgery, are deserving of more consideration than they seem to have had of late, and that it would be well to examine their merits again, and to see what they are capable of accomplishing.

This subject was brought up for discussion not long since by Dr. Judson, of New York, in a paper read before the Orange County Medical Society, April 12, 1889. In this paper Dr. Judson recognizes the value of operative measures, at the same time that he makes an earnest plea for what may be called the mechanical, roborant and expectant method. He points out that, in many cases, an operation for chronic arthritis is not followed by speedy healing, and that in many other cases the method he advocates secured immediately a certain amount of relief and eventually excellent results in the way of recovery. The chief difficulty in the way of rapid cures by the knife is that it is generally hard, and often impossible, to remove all the diseased tissue in cases of chronic suppurating joint-disease. An objection to cutting operations in these cases—aside from the general principle that they are never to be done, if they can be properly avoided—lies in the fact that it is undesirable to remove any of the bone tissue of growing children unless it is absolutely necessary. According to Dr. Judson, this necessity is not apparent in many cases of chronic arthritis in children; for, by a well-directed regimen—good air, good food, good exercise and mechanical appliances which secure rest for their joints—they make a good recovery, and escape the horrors and risks of a bloody operation. In advocating the measures referred to, he even goes so far as to deprecate the use of drainage-tubes and antiseptic injections. To the measures just mentioned, as meeting the demands of the case, he adds one which is too important to be passed by, namely, that the parents of children with chronic bone disease, and the children themselves, must be taught that there is nothing dangerous, in itself, in the presence of a sinus or the constant discharge of a moderate amount of pus.

These views of Dr. Judson certainly deserve careful consideration. It may be that he limits too narrowly the usefulness of such operative measures as are now approved by excellent and conscientious surgeons in various parts of the world; but it can do no harm to weigh well the objections which he offers to indiscriminate excision and scraping of diseased joints in children and the possibilities of such measures as his judgment approves and his experience seems to justify.

TOBACCO-SMOKING AND DISEASE.

There is a pretty widespread opinion among the laity that the use of tobacco serves to ward off the danger of contracting disease. Those who chew tobacco believe that this practice lessens the liability to caries of the teeth, and many who smoke consider smoking a fairly useful antiseptic measure. This popular opinion is probably due—as most such impressions are—to the impression made by numerous, though unsystematically observed, experiences. But of late the effect of tobacco-smoking has been studied carefully from a variety of standpoints, and largely because the custom has been attacked by moralists, who have pushed their line of attack into the domain of physiology and pathology. From deprecating the use of tobacco as selfish and unseemly, and as obnoxious to those who do not smoke, they have advanced to the assertion that it is pernicious to health and often dangerous to life.

Such assertions have drawn out many replies from medical men, who, as a class, have the habit of smoking; and many able papers have been written to maintain that temperate smoking is by no means injurious to men who are not unfitted for it by some peculiar weakness.

Further than this, at a recent meeting of the Vienna Doctoren Collegium a discussion arose in regard to the effect of tobacco-smoking upon the spread of certain diseases, especially diphtheria.

Dr. S. Hajek, of Vienna, prompted by experiments of Tassinari, of Pisa, on the destructive influence of tobacco-smoke on bacteria, reported some investigations of his own to determine the proportion of the cases of diphtheria among smokers and non-smokers. For this purpose he had collected data for the preceding three years, considering all individuals of the male sex upward of twenty-two years of age as smokers, which in Vienna is by no means a strained assumption. Among these, three thousand persons had had diphtheria during the period taken, and the proportion of the smokers to the non-smokers was, on an average, 1 to 2.8. Dr. Hajek directed attention to a statistical work by Professor Oser, bearing on this subject of the proportion of cases of diseases in men and in women in a certain epidemic of exanthematous typhus. Oser had observed that three times as many women as men were affected by the disease. The explanation of this difference was considered to be that men, in most cases, lived for only a few hours in insanitary dwellings, and thus became infected less easily than women. This difference ought also to be taken into account in collecting the data for diphtheria. Dr. Neudorfer, at the meeting referred to, called attention to the fact that a real destroyer of bacteria, pyridine, is present in tobacco-smoke; and Dr. Schiff added that in all bacteriological laboratories smoking was forbidden, as the smoke undoubtedly hindered the growth of the cultivated bacteria.

Putting all this together, we may conclude that there is probably some scientific ground for the popular belief that tobacco-smoking is of use as a preventive of disease. In saying this, we do not touch upon the æsthetic relations of the habit, but simply regard it from the scientific standpoint.

CAUTION IN PRESCRIBING POISONS.

In the July number of the *Western Druggist* there is a query from a druggist as to the propriety of attaching a "Poison" label to a bottle containing a prescription of half a fluid ounce of tincture of aconite root, marked to be taken "Two drops at intervals." To the query, the Editor answers that, to label the bottle "Poison" was decidedly wrong.

"No medicine," he adds, "to be taken internally must be dispensed with a poison label, no matter how dangerous its contents may be, unless it goes into the hands of a physician, nurse, or some experienced person." He thinks, however, that the error in dispensing with a poison label is not as great nor as dangerous as that of the prescriber in prescribing so dangerous a preparation as tincture of aconite in its pure form, taking chances of mistakes in dropping the dose and other accidents of the sick chamber. He suggests that, taking the dose of two drops as equivalent to one minim, one fluid drachm of the tincture in four fluid ounces of water would be much more accurately and safely dispensed and conveniently administered, in half teaspoonful doses. He further adds, that prescribers owe it to themselves, their patients and the pharmacist to administer deadly drugs in this manner, even should it add to the cost a trifle. For protection against accident the editor suggests that to powerful preparations, not for external use, the dispenser should affix a special "Caution" label.

We have quoted so much from the columns of our contemporary, in order that its views may be fairly presented. At the same time we cannot approve the dictum that it was decidedly wrong for the pharmacist to label the bottle referred to with the word

"Poison." On the contrary, we think it was his duty morally to do so, and in some States it would be his duty legally also. The only question to be raised is: Whether or not he treated the physician who gave so loose a prescription with the courtesy and consideration which the occasion called for. For the latter, it seems clear that he committed a serious blunder. No physician should prescribe a drug which is actually a poison without warning his patient and securing due notification to every person into whose hands the medicine might come.

Nearly two years ago, in the REPORTER for September 17, 1887, the matter was discussed in an Editorial, and we suggested three rules for physicians, which it may be worth while to repeat: 1. Always inform a patient when it would be dangerous to take the entire quantity of a prescription at a dose. 2. Have the word "POISON!" marked on the label of every prescription which would be dangerous if the whole were taken at a dose. 3. When drugs which may be dangerous are given or ordered, *write* directions instead of giving them verbally. Of these the first and second are most important; and the relation between a physician and his patient must be very unsatisfactory if these rules could not be carried out without danger of disturbing them.

AN ANTE-MORTEM OBITUARY.

On opening the *Brooklyn Medical Journal* for August, 1889, we found in the editorial columns an article headed with the name of a medical man, and giving his place of birth and graduation, the history of his studies, and the flattering opinion entertained in regard to him by a variety of distinguished men in this country and abroad. As we went along, we thought: Alas! poor fellow, to have left the field of his usefulness so soon, and to have so bereft Welch and Gilman and Buck, Koch and Flügge and Krause. But our grief was turned to joy when—arrived at the end of the adulation—we found, instead of the date of his death, that the subject of the history still lives and serves on a "U. S. Board of Inquiry covering epizoötic diseases of swine."

The relief may be imagined; but who will make up to us the expenditure of our sympathy, while we believed that the praise, so like that of obituaries, was a tribute to one departed?

CORRECTION.

By an unfortunate blunder our Berlin correspondent was made to say (Aug. 10, page 152) that "Prof. Ewald showed a specimen of dilatation of the œsophagus, while below it was found a stenosis; whereas, as a rule, just the reverse is the case." What he wrote was: "Prof. Ewald showed a specimen of œsophageal dilatation which was found to be below a stenosis; while, as a rule, just the reverse is the case." This, all of our readers no doubt know, is a correct statement; whereas that substituted for it is utterly incorrect.

The context shows that neither Prof. Ewald nor our Berlin Correspondent was responsible for the error.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

PRACTICAL LESSONS IN NURSING. DISEASES AND INJURIES OF THE EAR. By CHARLES H. BURNETT, A. M., M. D., Aural Surgeon to the Presbyterian Hospital, etc. 12mo, pp. 149. Philadelphia: J. B. Lippincott Co., 1889. Price, $1.00.

In this little book Dr. Burnett first gives a brief but satisfactory account of the anatomy and physiology of the ear, then speaks of the prevention and cure of its common diseases and injuries, and in the concluding chapters makes some remarks upon the hygiene of the ears of the deaf. In doing this he avoids as much as possible the use of technical words in his descriptions, and endeavors to impress upon the inexpert what not to do in the treatment of ear diseases, rather than what they may try to do. Much admirable advice is given throughout the book, but especially in the parts devoted to the prevention of ear diseases, and to the management of foreign bodies in the ear. As to the latter, Dr. Burnett thinks a patient would be much safer with the foreign body left in the ear than he would be if subjected to unskilful attempts at its removal.

The book is an excellent one, and will fully repay careful reading. We take pleasure in commending it to our readers.

PHYSIOLOGICAL NOTES ON PRIMARY EDUCATION AND THE STUDY OF LANGUAGE. By MARY PUTNAM JACOBI, M. D. 8vo, pp. 120. New York and London: G. P. Putnam's Sons, 1889. Price, $1.00.

In this very interesting essay, Dr. Jacobi states the purpose of education to be the attainment of efficiency and repose; and she defines the educated person as one "who knows how to get what he wants, and how to enjoy it when he has got it." The author believes that the intellectual faculties which ought to be first trained are perception and memory. To illustrate the method which seems to her best suited to develop the mind of a child, she gives at some length the course of instruction imparted to a little girl between the ages of four and six and a half years. At four years of age Froebel's building blocks were used for the construction of definite models; but these, once framed, were repeated from memory. Sometimes the details of an exciting story—as that of "Blue-Beard"—were associated with the different details of the model, so that these were more vividly remembered. The child thus learned mathematical outlines by constructing the house, and also learned to remember history by, in part, acting it herself. From this point on, the child was gradually taught considerable geometry, so as to be able to make important generalizations; then she studied colors, general physical geography, weights and measures, arithmetic, and botany, beginning with the flower. One is forced to believe, in looking over the information gained by this child, that the teacher was remarkably wise and skilful and the pupil uncommonly apt to learn. Instruction in reading was first permitted when the child was five and a half years old, and writing when it was six.

The book before us might be read with profit by all who are interested in the best methods of educating the young, and is especially adapted to the use of intelligent fathers and mothers.

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LITERARY NOTES.

—The *Deutsche med. Wochenschrift*, July 18, 1889, announces that the Berlin Academy of Medicine has granted 24,600 marks (about $6,000) to Dr. Hensen, Professor of Physiology in Kiel, to be employed on a sea voyage for the purpose of investigating the "Plankton," a form of life growing in the sea. In addition to the amount named, the Government has granted 70,000 marks (about $17,000) to help defray the expenses of the trip. Dr. Hensen was accompanied by Prof. Brand, Dr. Dahl, Dr. Schütt, Prof. Krümmel, and Prof. Fischer.

—A new journal, the *Annales de la Tuberculose*, has just been started in France. It will appear every two months, under the direction of MM. Filleau and Iscovesco.

—F. A. Davis, of Philadelphia, has in press a work on the "Practical Applications of Electricity in Medicine and Surgery," by Dr. G. A. Liebig, Jr., of Johns Hopkins University, and Prof. George H. Rohé, of the College of Physicians and Surgeons, of Baltimore. The part on Physical Electricity, written by Dr. Liebig, will treat fully of Storage Batteries, Dynamos, the Electric Light and the Principles and Practice of Electrical Measurement in their Relations to Medical Practice.

Prof. Rohé, who writes on Electro-Therapeutics, discusses at length the recent developments of Electricity in the treatment of stricture, enlarged prostate, uterine fibroids, pelvic cellulitis, and other diseases of the male and female genito-urinary organs. The applications of Electricity in dermatology, as well as in the diseases of the nervous system, are also fully considered. The work will be fully illustrated by engravings and original diagrams.

—Balloon express trains, bottled electricity, phonographs in daily use, marvelously developed telephones, and authoritative mind-readers figure in "The Pendragon Trial," a story of the twentieth century, by Lynde Palmer, which is to be published in *Harper's Magazine* for September.

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CORRESPONDENCE.

Endorsing Diplomas in Pennsylvania.

TO THE EDITOR.

Sir: In your issue of August 3, there appears a communication from "Jno. E. James, M. D., Registrar of Hahnemann Med. College of Philadelphia," in which he takes you to task for not basing an Editorial in the REPORTER, July 13, 1889, upon facts nearer home than England. Now I wish to relate some facts, and would like to have made manifest the consistency between them and the declarations in the article referred to above.

On the 22d day of April, 1884, Hiram T. Kinsman registered in the Prothonotary's office in Bradford Co., Pa., as a practitioner of medicine, claiming that he had been in continuous practice in this county since 1871—"Degrees, 'None'"—enumerating five different places in the county where he had been in practice during that time. Subsequent events, however, showed that there was one place more of alleged practice (not in the county) that he did not have recorded on the Register.

The said Kinsman was charged with illegal registration. During the trial it was in evidence, and admitted by defendant, that for four years of the time of his alleged practice in Bradford Co. he was an inmate of the Eastern Penitentiary. His crime was criminal abortion. It is said that the woman died of hemorrhage, which he did not know how to control. Kinsman claimed that he practiced while in prison, by sending prescriptions to persons in this county. Suffice it to say that the jury disagreed; but before the second trial, Kinsman agreed to have his name stricken off the Register, and this was done by order of the court on September 6, 1886. Kinsman was absent a few months from home (at least it was so reported), and on May 9, 1887, registered again—this time as a graduate of "Bennett *Eclectic* Medical College," "endorsed by *Hahnemann Medical College of Philadelphia,* and Eclectic Medical College of City of New York."

Here is an ignorant migrating "doctor," convicted of a penal offense, and of false registration, who after not more than a few months of medical study is registered as endorsed by the college that "Jno. E. James, M. D.," says sits on such a high and lofty elevation and requires a high standard of medical knowledge! I would say, with Jno. E. James, M. D., "Please note . . . . the whole of numbers 4 and 5." Yes, Sir, we have noted them, and desire to ask what kind of *professional and moral standing* the person in question has, and what was the character and quality of his *examination* by the faculty of the Hahnemann Med. College?

Reading these rules in the light of these facts they appear very much like first-of-January resolutions. I think these rules need bracing up in the year 1889, without waiting until 1890 and 1891, judging by the case cited.

Yours truly,

A Subscriber.

NOTES AND COMMENTS.

Hint for the Microscopical Examination of Urine.

The suggestions that are being continually thrown out, relating to the examination of urine, prove that the wide-awake members of the profession are aware of the information to be derived from this source, and are practically endeavoring to facilitate our present methods. The following hint, taken from the *London Lancet,* will be appreciated by workers in this field.

When attempting to examine urine under the microscope for casts, epithelial cells and other organic bodies, a good deal of annoyance and difficulty is sometimes caused, both by urates and also when the specimen is not quite fresh by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid.

This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effect upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing twelve parts of powdered borax in one hundred parts of hot water and then adding a similiar quantity of boracic acid, stirring the mixture well. It is filtered while hot.

On long standing a small deposit cystallizes out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass and from a fifth to a third of the bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time, that is if there is no cloudiness due to bacteria, and it will remain unchanged for several days. If it is only wanted to clear the urine and make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumin, too, if it exist, is not coagulated. The organic elements, as epithelial cells, casts, blood-corpuscles, etc., collect so thickly without undergoing any morphological change at the bottom of the glass that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Saint Joseph Medical Herald.*

Death from Hydrophobia.

It is reported that a woman, named Neveling, 48 years old, died of hydrophobia in Philadelphia on August 13.

On June 29, a pet spaniel was noticed biting at the grass. Thinking that the dog had a bone in its throat she and her husband went to its rescue. The woman attempted to put her hand in its mouth, while her husband held its jaws apart. In doing this he let the jaws go together, and the result was that the dog's teeth made a slight abrasion on the woman's thumb, scarcely as much as a pin scratch. She at once went to a drug store, and the druggist gave her turpentine to bathe it and flaxseed for a poultice. The dog was at once shot.

The slight wound healed promptly. After a period in which she exhibited great fear of hydrophobia, on August 8, she developed a dread of water while on a boat. This was followed by pains of a rheumatic character, which affected her whole body. She was very nervous and excitable, crying and becoming tormented at the sight of water. Drs. Hulsizer and Chestnut attended her. They regarded the case as plainly one of hydrophobia. The woman died after a prolonged vomiting fit, lasting about twenty hours.

Some Prescriptions.

Spirit of Turpentine in Croup.—Dr. Lewentaner is said to have used the following formula in numerous cases with great success:

℞	Rectified oil of turpentine .	1 fl. drachm.
	Oil of sweet almond . . .	2½ "
	Simple syrup	5 "
	Mucilage of acacia . . .	10 "
	Yolk of 1 egg.	
	Canella water, enough to make 3 fl. ounces.	

Mix. Sig.: A teaspoonful every hour for a child ten years old.

Perchloride of Iron in Diphtheria.—Knitschoffsky gives the following in the *Wiener Klinische Wochenschrift:*

Tincture of perchloride of iron . .	8 parts.
Glycerine	15 "
Distilled water	180 "

Mix. For children, the dose is a teaspoonful every two hours; for adults in proportion.

Excessive Salivation in Phthisis.—Liebermeister, in the *Deutsche Medizinische Wochenschrift*, recommends the following prescription:

℞	Sulphate of iron	20 grains.
	Carbonate of potassium . .	25 "
	Powdered myrrh	1 drachm.
	Sugar	½ ounce.
	Water, enough to make 8 fl. ounces.	

Mix. Dose: One tablespoonful three or four times daily.

Emergency Operation on the Stomach.

A case of incised wound of the stomach reported by Dr. Baker in the *Post-Graduate*, illustrates in a remarkable degree the reparative power of the peritoneum and its capacity in dealing with extraneous matter. A boy had received a wound, with a pocket knife, three inches in length, extending to the ensiform cartilage under the borders of the ribs and into the stomach from which food had escaped. Upon examination the finger readily entered the viscus. Dr. Baker was unprepared for the accident, and had no chloroform, for which morphine, hypodermically, was substituted. With the assistance of a "young physician" he drew the stomach through the external wound sufficiently to expose the seat of injury. This was rendered difficult by the vomiting which the manipulation excited, and a large quantity of black fluid blood was expelled through the opening. He finally succeeded in closing both wounds. The arteries, which were bleeding freely, required ligation. "In spite of the crudeness of the operation, and the fact that probably blood and fragments of food were left in the peritoneal cavity, the boy had recovered, and his temperature had been at no time above 102° F."

Appreciating a State Board of Health.

The St. Louis *Weekly Med. Review*, July 27, 1889, says: "The support that has been accorded the State Board of Health, heretofore, has been entirely too lukewarm and apathetic, and has reaped its reward in the stupidly short-sighted and obstinate policy of the recent legislature toward it." That this is beginning to change, that the reaction is coming, is indicated by a strong set of preambles and resolutions, which were unanimously adopted at the meeting of the District Medical Society of Northwest Missouri—a society which embraces within its territory nineteen counties—held in the city of St. Joseph on July 11.

Registration in North Carolina.

Every person entitled to practice medicine in North Carolina must register in the office of the Clerk of the Superior Court of his county, according to the law, a copy of which has been mailed to every doctor whose address could be found. Neglect to do so, even in the case of one entitled to practice, will put him in the position of an illegal practitioner, and necessitate his going before the Board of Examiners for a license to practice. The first license issued under the new law was issued by S. Van-Amringe, C. S. C., to the senior editor of the *North Carolina Medical Journal.*

The law regulating the practice of medicine in North Carolina, as now amended, provides that applicants who failed to secure the license of the Board of Examiners, at their last session, and persons whose licenses have been revoked, or who, having temporary license, failed at the next regular meeting of the Board to secure a full license, are guilty of a misdemeanor.

The Editor of the *North Carolina Medical Journal* says: "There is now no excuse for illegal practice. The State has shown every consideration for the unprepared, practically declaring an amnesty, in one sense, to many men who should not be admitted to practice, and now stand with the profession in the attitude of waging a war against those men who still persist in violating the plainest terms of the law."

Successors to Father Damien.

In the issue of the Reporter for May 25, we paid brief tribute to the memory of the late Father Damien, the hero of Molokai, or island of lepers, and referred to the fact that Father Conrady, a Belgian priest—as was his predecessor—had devoted himself to carrying on the labors on behalf of the lepers. A recent letter from Honolulu states that Father Conrady has been succeeded by Father Wendelin, the former having become sick with symptoms that point to the dread disease; he is temporarily under observation and treatment at a hospital near Honolulu.

Father Wendelin has the assistance of five Sisters of Mercy who went from Syracuse, New York, in 1883; these have hitherto been spared, although they have much to do with the female lepers.

Typhoid Fever in Philadelphia.

If the anxious folk who are so exercised in mind about typhoid fever go back over the statistics of that disease for twenty-five or thirty years, they will find that the prevalence and subsidence of the disease comes and goes in waves, now higher and again lower, and that, in point of fact, it went up twenty-five years ago, and again a dozen years ago, to figures near about the same as in recent years, although the population has enormously increased in the interim. In fact, while the death-rate for all diseases in Philadelphia is small to a most gratifying degree, and while at times the deaths from typhoid rise under conditions that are not well understood, there are not, in a run of years, far from as many deaths in Philadelphia from "old age" in the course of a year as from typhoid—in fact the mortality from typhoid a year ago was 621, while the mortality from old age was 795.—*Ledger*, July 31, 1889.

NEWS.

—Typhoid fever is said to have prevailed to an alarming extent recently at Wilkes-Barre, Pa.

—It is reported that a man twenty-five years old died in New York, on August 4, of actinomycosis.

—Dr. C. A. Cheatham, of Dawson, Ga., an old subscriber of the Reporter, died at his home on August 7. He had been in failing health since last November.

—Dr. L. A. Sayre has recently been elected an honorary member of the St. Petersburg Medical Society, one of the largest and most important of the Russian societies.

—A girl twelve years old, named Mary E. Rooney, of Weymouth, died at Randolph, Mass., August 5, 1889, of hydrophobia. She was bitten in the wrist by a dog, on June 10.

—Dr. Samuel Wolfe, of Skippack, Pa., has been elected to fill the chair of Physiology in the Medico-Chirurgical College of Philadelphia. Dr. Wolfe will continue to practice in Skippack.

—The trustees of the Grant Memorial University have voted to add a medical department to the university. A full faculty has been selected, with Dr. E. A. Cobleigh as dean. It is expected that the new department will be opened at Chattanooga, Tenn., in September next.

—A despatch from Carthage, Ill., dated August 4, describes an epidemic of dysentery which has broken out in that vicinity, and which has created great consternation. 180 cases and 15 deaths were reported up to Saturday. The disease is also reported at Hamilton, Canton and Kohoka, Mo.

—Dr. Gilson A. Dayton died August 6, 1889, in Brooklyn. For many years he practiced medicine at Mexico, Oswego county. He also took a decided interest in politics. Governor Dix made him a director of the State Insane Asylum, at Utica. For several years he has been in infirm health.

—Dr. Starkweather, Acting Secretary of the Illinois State Board of Health, has reported in reference to the epidemic of dysentery at Warsaw that it is not so serious as at first reported, and is partly due to the contamination of the water supply, resulting from the heavy rains. In all, 220 cases and 19 deaths were reported since between July 15 and August 9.

—The twelfth annual reunion of the Pennsylvania and Maryland Medical Association will be held at York Furnace, Pa., August 29, 1889. There will be a dinner, and a business meeting, with an address by Dr. George S. Dare, President. Orders on Agents to sell tickets at excursion rates over the Pennsylvania Railroad, can be had on application to Dr. Alexander Craig, at Columbia.

—A despatch from Chicago, dated Aug. 8, states that there have been from 150 to 175 cases of typhoid fever on Cottage Grove Avenue, between Thirty-fifth and Forty-sixth streets, that city. The epidemic is attributed to the pollution of the city water, caused by the recent heavy rains carrying the sewerage out to the source of supply in the lake. Thus far the cases reported have been of a mild type.

—It is reported from St. Paul, Minn., under date of July 27, that fifteen physicians held a conference with the Board of Health of Minnesota to-day and decided to send Hanson, the Lake Amelia cat's victim, to Pasteur in Paris. Hanson was present and his case was minutely examined. It was not definitely determined that he was afflicted with hydrophobia, though most of the physicians believed that to be the case.

—It is said that the superintendent of the new Bloomingdale Asylum, Dr. Charles H. Nichols, is about to visit a number of European lunatic asylums, and that the results of his observations will be considered in arranging the plans of the new asylum at White Plains. Dr. Samuel B. Lyon will be acting superintendent during the absence of Dr. Nichols. The new Bloomingdale will have a fund of a million dollars with which to build.

—The trial of Dr. Eugene Grissom, Superintendent of the Asylum for the Insane, near Raleigh, N. C., before the Board of Directors, has been concluded. The charges were preferred by Dr. Lion H. Rogers, Assistant Physician, and John W. Thompson, Steward, and were of gross immorality, cruelty, and misappropriation of property of the asylum. The investigation consumed four weeks, and Dr. Grissom was acquitted on every charge.

HUMOR.

The S. P. C. A. should have Brown-Séquard's rejuvenator tried on the more venerable car horses to be seen on some of the city lines.—*Ledger.*

Medical Student—"Seems to me these cigars are not very good, if you will excuse me, old fellow." Fellow-Student—"No, they're not; but they are good enough to smoke out of doors." "Ah, I see! For external use, only, eh?"

Genuine Cut Rates.—Squareprice—"What ails your face? Looks like you have been toying with barbed wire."

Savepenny—"No, I am patronizing the new five-cent barber shop. Get cut rates there, you know."—*Omaha World.*

OBITUARY.

DR. JAMES L. CABELL.

Dr. James L. Cabell, senior member of the Faculty of the University of Virginia, died at Overton, Va., August 13, 1889. Professor Cabell belonged to an old Virginia family more than one generation of which has attracted attention. The founder of the family in this country emigrated to Virginia early in the last century, and became eminent as a surgeon. Five of his sons attained distinction, and the sixth died in childhood. Professor J. L. Cabell was a great-grandson of Dr. William Cabell, and was born in Nelson county, Va., August 26, 1813. He was graduated at the University of Virginia in 1833, and after a course of medical study there and in Baltimore and Philadelphia, went to Paris to complete his education. While pursuing his studies there he was elected to the chair of Anatomy and Surgery in the University of Virginia. He was Chairman of the Faculty, a place corresponding to that of President in other institutions, in 1846–47. During the civil war he had charge of military hospitals for the Confederate Government. In the year of the yellow fever epidemic at Memphis, he was chosen Chairman of the National Sanitary Conference at Washington, and subsequently was made President of the National Board of Health. Dr. Cabell was a frequent contributor to medical journals, and was the author of *The Testimony of Modern Science to the Unity of Mankind*, a work published in 1858.—Ed.

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COMMUNICATIONS.

URETERAL FISTULÆ: THEIR ORIGIN AND PECULIARITIES, WITH REPORT OF A CASE.

BY L. L. McARTHUR, M. D.,

CHICAGO.

ATTENDING SURGEON TO THE MICHAEL REESE HOSPITAL.

Uretero-vaginal fistula is of either traumatic or congenital origin, and to the former class belongs, according to Parvin, eighty per cent. of all cases. The traumatism inducing the first-class of fistulæ is in the vast majority of cases incident to childbirth, though not a few have been reported as accidentally or necessarily occurring in the operations about the female genitalia. Since such a large proportion is the accompaniment of labor, one might at first think that instrumental delivery bore a causative relation to them. But eminent authorities, among them Emmet, are fairly well agreed that seldom if ever are the forceps to blame. The congenital variety, like any of the fetal vagaries, may be peculiar in one of several ways, either by terminating by both ureters in the vagina, or by terminating at any point of the vaginal wall, from cervix to meatus, and by one or more openings. Ureteral fistulæ, in fact, may terminate anywhere from the umbilicus to the uterus, and in the intestine, bladder, or urethra. Rarely, a calculus lodging in the ureter just before it enters the bladder has ulcerated its way through into the vagina, or ulcerations in the upper vaginal wall have cut their way into the ureter in this situation; or, again, the surgeon, in closing a simple vesical fistula, has converted it into one of this nature by cutting the ureter in the inch or so where it runs in the bladder wall. Finally, ill-designed or applied pessaries have induced the trouble in question.

Traumatic fistulæ of this nature, I have said, are chiefly incident to child-birth, but those due to accidental injury merit a passing mention, especially since at times it is almost impossible to avoid their production.

Ureters have been cut in the removal of abdominal tumors of nearly every variety; hence the laparotomist must be prepared for the emergency. For example, Simon, of Heidelburg, while removing a tumor accidentally injured the ureter. Recognizing the condition he brought the ureter out and stitched it there, subsequently doing the first nephrectomy for ureteral fistula. Henry Morris reports, up to 1884, eight nephrectomies, of which seven were lumbar, and one abdominal. He, like Agnew and others, reports the accident; the former having on one occasion stitched the ureter into the vagina after an extirpation of the entire uterus. Credé and Zweifel have followed Simon in extirpation of the kidney. Polland collected a series of six cases, but the exhaustive criticism renders their authenticity doubtful so far as diagnosis is concerned, as they were either complicated with other wounds or with kidney injury.

I have an ureteral calculus which had caused an ureteral fistula, opening just within the anterior superior spinous process of the ilium, which after removal gave exit to a discharge of an unusually thin watery fluid. The correct diagnosis was not made until the calculus was removed, the supposition being that there was a necrosis of the ilium.

The symptoms are obscure, except in so far as the constant escape of urine is the one fact which calls attention to every form of fistula as well as to incontinence. When a history exists of escape of urine from birth, which has resisted every form of treatment, it will be judicious, to say the least, to institute a thorough search for an uretero-vaginal fistula, and not be content to tell the parents that as the child grows older the trouble will disappear.

A fistula having been found, to determine to which variety it belongs, it is first necessary to distend the bladder with water, or better, some colored fluid such as fresh milk, weak indigo, or, as in this case, iodide of potassium solution in the bladder and lead acetate applied to the fistulous orifice, when the bright yellow iodide of lead will be formed, if there be any communication existing. If there is no communication then vesico-vaginal fistula may be excluded, and the case is narrowed down to either uretero-vaginal or urethro-vaginal. Parvin, Baker, Freund, and Emmet have reported cases of single or double ureteral fistulæ of congenital origin, in which they have operated with success.

The indications being so plain in the congenital variety, the variations in the treatment are not great. One of two general methods is usually adopted; either the ureter is dissected back and stitched into the bladder at one sitting, or the ureteral opening is so disposed at the upper end of the bladder incision that in healing it will terminate on the vesical surface, while the lower end of the wound is left open. For example, it is first converted into a vesico-vaginal fistula, and when thus simplified is closed after the methods devised for that operation. A description of the operation is included in the history of the case presented.

Case I.—M. R., 11 years old, of Swedish parentage and good family history, was brought to the Michael Reese Hospital, on November 12, 1888, with the following history: The patient had had the usual illnesses of childhood, including scarlet fever, which had occurred four years before her admission, at which time the first clew to her actual trouble was obtained. She gave a history of having always been wet since a child, but those called in professionally to see her treated her for incontinence, worms, or carelessness. When, however, the febrile urine caused more than the usual excoriation externally, a physician was called and an examination made. Protruding from the portion of the vaginal orifice uncovered by hymen, was discovered a calculus of a phosphatic nature, measuring 8.5 centimeters (about 3½ inches) in its longest circumference, and of the shape of the vagina. On removal of the stone a fistula was discovered, which at the time was pronounced "vesico-vaginal," and the parents were advised to wait until the child was more mature, before submitting her to the operation for radical cure. Having waited four years, the child suffering all the distress of a continuous incontinence, she was brought to the hospital.

The girl was anæsthetized under chloroform, ether not being borne well. The external genitalia were found excoriated, the hymen absent, the labia majora and minora normal, the clitoris and meatus reddened and swollen; below the meatus were found three small fistulous openings from which urine escaped. These were so small as to admit of the introduction only of a Bowman's probe of medium size. Two of these fistulæ led into or close beneath the urethral mucous membrane, and were opened as one does a fistula in ano, thus making them continuous with the urethra. The third, however, led backward from the meatus, just below the vaginal mucous membrane indefinitely. Thinking that the fistula had a very oblique course through the bladder wall, I cut this also backward for a distance of about an inch and one-half, and packed with iodoform gauze the tracts laid open. After thorough irrigation the patient was put to bed to recover from the anæsthetic. Feeling perfectly well a few hours later she was allowed to go home, with the instruction that at some later date the operation would have to be completed. We were induced to discontinue the anæsthesia because the child had taken ether very poorly, and it was not deemed wise to keep her longer asleep. The next day I was called to see her. I found her with a temperature of 103.5° Fahr., which was ushered in by a rigor. Believing I had to deal with a case of urine intoxication, I removed the packing, had her given a warm vaginal irrigation, and prescribed some simple febrifuge. The case did well. November 30, she returned to have the operation completed. After the usual preparation she was again anæsthetized, this time with chloroform.

On examination I found that the two fistulas which had communicated with the urethra had healed, but the third one, which led backward and to the left, beneath the mucous membrane, now had its opening about an inch back of the meatus in the vault of the vagina. Introducing a probe into the fistula an inch or more and an urethral sound into the bladder, I was surprised at not being able to bring them in contact. It here dawned on me for the first time that I had a case of uretero-vaginal fistula before me. The indications were plain. The ureteral opening must be made to terminate on the inner surface of the bladder. To avoid any possibility of error, I thought it advisable to inject the bladder with a solution of potassium iodide, and then touch the opening of the fistula with a solution of acetate of lead, when, if there were any communication with the bladder, the bright yellow iodide of lead would be formed and could be easily recognized. The non-communication with the bladder was thus established.

The bladder having been distended with water, and the lithotomy position assumed, a long silver probe was introduced into the ureter, and a circular incision made around the orifice of the ureter through the mucous membrane. Only at a distance from the probe of one-quarter of an inch from this circle, extending backward for a distance of an inch and a half to the left of the middle line, a second incision was then made. Pressure downwards upon the probe would bring the ureter into view, covered, of course, with the connective tissue that naturally surrounds it. It was then an easy matter to dissect it away from the vaginal vault for a distance of an inch. When this was accomplished a lithotomy staff was introduced into the bladder, and an incision made through the base of the bladder large enough to easily admit the ureter as dissected up. This opening was made to the left of the middle line at the point where the ureter should normally enter. We have no exact data for the point of entrance of the ureter in children. Pawlik gives for the adult two-fifths inch from the os, and one-tenth inch to one side of the os. At the suggestion of Dr. Ernest Schmidt, to whom I was much indebted for assistance rendered, a long ureteral catheter was next introduced into the meatus, and brought out through the cut above made. The loosely hanging ureter was then catheterized and drawn up into the proper place. While the stitches were introducing, silk-worm gut was used and the tissues down to the mucous membrane of the bladder included. In this case only four were necessary, while irrigating the vagina after the operation the capacity of the bladder to hold water was tested, and found perfect, none escaping from the wound.

As regards after treatment, a catheter was introduced, tied in place, and efforts directed toward rendering the urine both acid and aseptic. For this purpose the following prescription was given :

℞ Acidi benzoici.
Saccharini . . . . āā gr. iii.

Acid urine of itself resists fermentation, and saccharin being excreted as a conjugated salicylic acid has a very happy effect. Benzoic acid is excreted as hippuric acid and renders the urine acid.

Nothing of special interest occurred during the period of convalescence, if I except the fact that on the second and fourth day the patient was found wet, which made me think that the operation was a failure. But investigation showed that the urine had escaped around the catheter and not from the wound. The catheter was removed and tincture of nux vomica, drops three, added to her other prescription. The sphincter visicæ having never been trained to act as it should, it was several days before she would remain dry the whole twenty-four hours through. This, however, was finally the case at the end of two weeks, and the patient was discharged.

Some points in the *technique* are worth emphasizing:

1. Suture in the longitudinal rather than in the transverse diameter of the vagina, because there is less traction on the stitches, and greater facility in introducing them.

2. Choice of sutures varies with many, though silk-worm gut has perhaps the preference. Sims, Bozeman, and Hegar prefer silver wire. Pipingsköld claims excellent results from the use of alternate silver and iron wire, believing that the galvanic current thus induced plays an important part in the union. Excellent results are on record with silk as the suture.

3. Simon, who, perhaps, has done more than any other operator to simplify the treatment, demonstrated that it was neither necessary to retain a catheter in the bladder after operation, nor to maintain the reclining posture. He permits his patients to rise as soon as they feel disposed, simply requiring them to empty the bladder at least every two hours.

4. Render the urine aseptic by the use internally of some such agent as saccharin, benzoic acid or boracic acid.

5. If the first operation succeeds in locating the orifice of the fistula on the mucous surface of the bladder, this constitutes one step of some operators' methods, who then, at a later sitting, close the bladder opening.

6. Any colored liquid, as those above mentioned, may be used to differentiate the fistulæ.

7. It is not necessary to put off the cure until the age of puberty is reached.

8. Encircle the orifice of the fistula with about one-quarter inch of mucous membrane. This serves to retain the ureter in the bladder and prevents, by a valve-like action, the escape of urine through the wound.

9. The sphincter vesicæ in a congenital case, has never been trained to its proper function, and it may need attention in the line of internal medication.

A TUMOR OF THE VULVA.

BY WILLIAM A. CAREY, M. D.,
PHILADELPHIA.

ASSISTANT PHYSICIAN TO DISPENSARY FOR DISEASES OF WOMEN, UNIVERSITY HOSPITAL; ASSISTANT SURGEON TO BEACON DISPENSARY, DEPARTMENT FOR DISEASES OF WOMEN.

The peculiarity which excited interest in this case was the fact that the tumor (not a neoplasm) was evidently the result of two factors: a gravid uterus and a lacerated perineum. The effects of pressure upon the pelvic circulation in advanced pregnancy are constantly recognized, and tumors formed by dilatation and engorgement of the labial veins are not uncommon. But in the case about to be detailed there was no varicose condition of the labial vessels, but a prolapsed mass of engorged tissue which had been detached from the posterior vaginal wall by a peculiar laceration during childbirth three years before.

The patient was a healthy woman, about thirty-five years of age; has had one miscarriage, and one child three years old. I had been engaged to attend her during her confinement, which was due in January. About eight weeks prior to the accouchement, I was hastily summoned, as she feared premature labor, because a large lump, which was protruding from the vulvar orifice, had made its appearance after her return from an unusually long walk. Digital examination revealed a protrusion, about three inches from the vagina, of a fleshy body, distinctly conical and having its base attached within the vaginal canal. Its length was about four inches and its thickness at the base nearly two inches. Passing the examining finger from the tip to the base of the tumor, its attachment was found just within the vagina, having the skin of the perineum for the covering of its base. A sulcus was recognized, with smooth borders formed by cicatricial tissue, upon the posterior wall of the vagina, extending upwards for about half its length. The coexistence of this prolapsed mass with a sulcus in such proximity suggesting the idea of an anatomical relationship between them, an attempt was made to replace the tumor. It was too much distended to permit of its replacement, until, after thorough cleansing and firm compression from apex to base, a sufficient quantity of blood was forced out to allow its return.

The patient was kept in the recumbent posture for thirty-six hours and the mass did not again prolapse. Of course the parts did not fit together accurately, but in the course of two days the bulk of the tumor had so much decreased, that the cicatricial tissue of the vaginal wall was just snugly covered by it. After the lapse of eight weeks, an examination during labor showed but a remnant of the tumor.

Of the various tumors associated with the female genitalia, the greatest resemblance to the one described would be produced by an hypertrophied tear from a ruptured hymen. A marked differential feature between the two consists in the possibility of replacement. Had the tumor been developed from the carunculæ myrtiformes it could not have been returned to the vagina as described above, nor would there have existed a cicatricial trough to receive it. It is unnecessary to specify the diagnostic features of the tumors common to the pudendum. The one which is described was undoubtedly composed of the structures which go to make up the so-called perineal body. The woman sustained an injury to her perineum during the birth of her first child about three years ago, a midwife being in attendance. The labor was very short, the baby having been born with the third pain. The child was said to have a very large head, although at present there is no disproportion between the head and the rest of the body. Under such conditions—a primipara, a precipitate labor, an attending midwife—a lacerated perineum was a not unnatural result; but why there should have been such a peculiar tear is a problem more difficult to solve.

The forms of laceration, as commonly seen, are summarized by T. Gaillard Thomas as follows:—"Rupture of the perineum may simply be described as a splitting of the perineal body." "Laceration of the first degree splits the triangle, one side of which is covered by the vagina, only for a short distance; one in the second degree splits it to its centre; while one in the third and fourth divide the triangle entirely through, and at once remove the keystone from its place in the arch." This description is correct as to the majority of cases, but it does not include the special features of the injury sustained by my patient—the internal or vaginal structures bearing the damage while the external or cutaneous portion was left intact. Instead of the usual linear tear through the perineal body, encroaching to a greater or less extent upon the skin surface between the posterior commissure of the vulva and the anus, there were two lines of separation on the vaginal wall: one starting on the right side, just within the orifice, ran upwards about half the length of the canal, and met, at an acute angle, another line of rupture running downwards towards the outlet, on the left side of the vagina. The two lines were of unequal length; the one on the left side approaching the vaginal orifice more closely than the line on the opposite side. The effect of such a severance of tissue was the formation of a V-shaped flap, having the apex pointing upwards and the broad base towards the outside. In other words, the perineal body was cut away from its lateral attachments and partially shelled out of its niche, thus weakening the arch, not by "splitting," but by removal of the "keystone." That the supporting power of the perineum was weakened, was manifest. The patient had formerly complained of symptoms characteristic of such a lesion and examination discovered the uterus prolapsed in the second degree and retroflexed, the vaginal walls lacking tonicity, and the canal patulous. The perineal body being thus partially enucleated and participating in the general engorgement of the pelvic circulation during the latter weeks of pregnancy, it required only a little increased physical exertion to cause the mass to slip from its position in the vagina and appear as a tumor on the outside.

SIMPLE INFLAMMATIONS OF THE EYE.[1]

BY EDWARD JACKSON, A. M., M. D.,
PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC.

There is no inflammation of the eye or its appendages so simple that it does not demand a correct diagnosis; and the ability to make a correct diagnosis in the most simple case of inflammation presupposes the ability to recognize as such all the more serious or complex pathological conditions with which that simple inflammation might be confounded. Forgetting this, medical practitioners attempt to treat, as simple inflammations of the eye, cases which they would not undertake did they appreciate their real character. No case can be advantageously treated without a correct diagnosis, unless indeed it happens to require no treatment whatever, and the attendant has made such a thorough diagnosis of his own ignorance that he will venture nothing beyond placebos that are really harmless; for it happens that many of the measures addressed to the eye, popular because they are supposed to be harmless, are really dangerous.

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[1] Lecture delivered at the Polyclinic Hospital.

Probably the only inflammations of this organ which can properly be called simple are those dependent on strictly transient causes, which are self-limited and tend strongly toward complete restoration of the parts to their original state. This definition, of course, excludes even the mildest iritis that would leave posterior synechiæ, corneal ulcers deep enough to cause lasting opacity, or those conjunctival inflammations which only end in cicatricial contraction of that membrane. Practically, it includes only those affections of the cornea and conjunctiva arising from temporary general exhaustion, or local irritation.

Diagnosis.—The presence of such a condition is usually announced by sensations of local discomfort, described as pain, soreness, smarting, burning, itching, or the feeling of rubbing or scratching of a foreign body in the eye. Along with this there is apt to be photophobia, so-called. This, however, is often, in the beginning at least, not simply an undue sensitiveness to light—a true photophobia, but rather a hyperæsthesia affecting the distribution of the fifth nerve to the conjunctiva and cornea, causing, as the itching or burning often does, a desire to make pressure on the parts, and leading to the firm closure of the lids to accomplish it. The closure of the lids will often be maintained with the same force in a thoroughly darkened room as in bright sunlight. When, however, the closure of the lids and the avoidance of light has been kept up for a little time, a true photophobia is very likely to be developed.

Hyperemia is the most constant of the objective symptoms presented in these cases. Owing to the peculiarities of the distribution of the blood-vessels of the parts, its location is very significant. The lids and the conjunctiva and loose subjacent tissue on the eye-ball are supplied by vessels that emerge from the depths of the orbit, between the globe and the lids, and run forward, dividing into smaller and smaller branches, toward the cornea and toward the free margin of the lid. Near the margin of the cornea these inosculate with quite a different system of vessels. The cornea being non-vascular, depends for its nutritive supply upon a rich plexus of fine vessels that encircles its margin. This plexus is supplied by branches of the vessels which convey the blood supply of the structures within the eye-ball, these branches passing forward deep in the scleral tissue or entirely within the sclera. Hence the injection of this pericorneal plexus may be a symptom of disease of the part that exhibits the hyperemia, of the cornea that draws its nutritive supply from the same vessels, or of deep structures, such as the iris or ciliary body. These affections, indicated by pericorneal hyperemia, are in general more serious than those which cause a hyperemia of the membrane lining the lids, and extending over on to the eye-ball, most dense where the lids and globe come together, and least noticeable at the margin of the cornea. The two varieties of hyperemia differ also in hue; that of the lids being either scarlet, or rather dull red or dusky, while the hue of the pericorneal zone is distinctly rosy or purplish. A third variety of hyperemia is presented in phlyctenular inflammation of the conjunctiva and cornea. In color it closely resembles the hyperemia of conjunctivitis. But it is most pronounced upon the eye-ball; not, however, in most cases covering the whole visible sclera but involving one or more segments stretching up from some part of the retrotarsal folds, where it is broadest, and narrowing as it approaches the cornea, but mostly extending quite up to the corneal margin. Other portions of the sclera may present an absolutely normal appearance. Such bands of redness are somewhat triangular in shape, or if narrow they may be spoken of as "fasicular." In any case of ocular inflammation, careful observation of the hyperemia and determination of the variety to which it belongs, or of the varieties which are combined in the case, cannot fail to give most valuable indications as to the further investigation and management of the case.

The swelling and discharge occurring in the course of these inflammations are closely allied; the one being due to exudation into the substance of the tissues, the other to the same exudation escaping from the free surface. In inflammations of the cornea, on account of the density and rididity of its tissue, the swelling is very slight and comes on very slowly. On the other hand, in the conjunctival and subconjunctival tissue enormous swelling may occur in a very few hours. In disease of the deeper structures of the eye-ball there may be great swelling of the lids and ocular conjunctiva; and in general, great swelling is to be regarded as more indicative of the gravity of the case than free discharge. In this connection it must be mentioned that any pressure and obstruction of the circulation about the outer angle of the orbit, as by a sty located here, or an injury in this region, will be apt to cause swelling entirely out of proportion to the gravity of the condition. With reference to the discharge, it should be borne in mind that its apparent character will be largely determined by the extent to which it is diluted by the lachrymal secretion. A discharge of muco-pus very considerable in amount may be so completely washed away by the tears as to pass entirely unnoticed. The amount and character of the discharge gives most important indications as to treatment.

In diseases of the eye we do not depend very much upon the patient's account of himself in making a diagnosis; but one cannot regard his acquaintance with any case as properly complete until he has learned something of its history. This will often throw light on its causation. If an attack of conjunctivitis is the first the patient has ever experienced, it may with great probability be ascribed to some quite transient cause; but if such attacks have been repeated at intervals for a considerable number of times, there is probably some persistent cause—as eye-strain due to ametropia, insufficient power of accommodation, or lack of balance among the recti muscles: or, in rarer cases, the fault may be a constitutional tendency to catarrhal inflammations of all mucous surfaces.

Treatment.—The first step in treatment is, whenever practicable, to remove the cause. In this connection it should never be forgotten that most diseases are of double or multiple origin. They have general causes and local causes; constitutional predisposition and local strain, invasion, or injury. The specialist is rather apt to look at the local factor, while the general practitioner fixes his attention on some general systematic condition. In this the specialist has the advantage, for the rational thing to do is to make the most vigorous attack on the most obvious and readily removable causative factor; and in the present state of medical knowledge this is usually the local factor. For instance, there must undoubtedly be some underlying constitutional condition that causes one person with a certain degree of hyperopia to suffer from marginal inflammation of the lids; while another with the same hyperopia, and making the same use of the eyes, experiences no inconvenience. But as to this constitutional factor we know comparatively little, while the other factor, the hyperopia, is very well understood, and readily eliminated by the use of the proper correcting glasses. Removal of the cause will also not rarely include discontinuance of "domestic remedies." A recent writer has spoken of a certain condition as the "tea-leaf eye." Tea leaves are a favorite material out of which to construct a poultice for the eye; and their use for that purpose in cases of simple conjunctivitis causes an aggravation of the symptoms, and an involvement of the cornea due to its maceration that gives the case a much more serious aspect. But there are other substances which should share the same condemnation. The plantain leaf, the flax-seed, the bread-and-milk, are essentially identical with the "tea-leaf eye." Indeed the eye that is simply bandaged comes to the same condition; the bandage absorbing moisture and retaining heat comes to act as a poultice.

The poultice favors suppuration. Suppuration is fatal to the usefulness of the dioptric surfaces and media. The whole eye-ball resists the process. The use of the poultice, or any moist warm application, favors suppuration, and only prolongs and renders more severe the morbid process, by working with the original injurious influence. If the eye is strong enough, both the original influence and its ally are overcome; but it may occur that the poultice turns the scale, and through it the eye is lost. What should be done in these inflammations is, to favor—not suppuration, but resolution. This may be done by hot applications, either dry or moist, continued but a comparatively brief time at any one application. Used in this way, very hot water, as hot as can possibly be borne, is a most important remedial agent. It may be employed by bathing the eye with it for from five to ten minutes, every one to six hours.

Where the inflammation is attended with much conjunctival discharge, perfect cleanliness is of the first importance. This may be secured by frequent washings of the conjunctival sac with pure water, but better by the use of an efficient antiseptic solution, the most reliable being one of the bi-chloride of mercury. For use by the patient or his nurse, a solution of 1 to 5000 is a very good strength. Somewhat stronger solutions may often be applied by the surgeon with advantage. Conjunctival discharge, especially of a purulent character, is also the leading indication for another drug, the action of which is also mainly that of an antiseptic, viz., nitrate of silver. The silver nitrate, to be effective, should be used in rather strong solution, say from one to four per cent. (from four to twenty grains to the ounce). In such strength it should not be dropped into the eye, but brushed with a pledget of absorbent cotton wrapped around the end of a match-stick or other similar applicator. Other mineral astringents—coagulants it would perhaps be more pertinent to call them—are of great value in certain forms of conjunctival disease, but are scarcely applicable to cases of "simple" inflammation.

In cases of simple hyperemia of the conjunctiva, often giving rise to considerable discomfort described as smarting or burning or the feeling "of something in the eye," but without much discharge, a solution of boric acid is pre-eminently the remedy. Boric acid is often spoken of as an antiseptic, but there is no sufficient reason to regard its beneficial action on the eye as due to any such power. In the proper class of cases it is very soothing. It should be employed in a three or four per cent. solution, the latter being about saturated, and may be combined with one per cent. of borax. A solution made according to the following formula is in constant use in our dispensary service:

Boric acid	gr. x
Sodium biborate	gr. iv
Distilled water	f. ℥i

There are few drugs, really beneficial when indicated, that are capable of doing so little harm by injudicious application; but even the negative virtues of boric acid will afford no compensation, when time has been lost in using it, when a better understanding of the case would have lead to more active treatment.

Atropia has no proper place in the treatment of simple conjunctivitis. It is to be used in inflammations of the cornea, iris, and deeper structures of the eye-ball. These affections are all attended by a rosy pericorneal zone. When we see any case of inflammation of the eye presenting such a zone, we should think of atropia, but we should not always use it; since glaucoma, in which the application of atropia is most disastrous, is also characterized by a similar zone of pericorneal redness.

A final point to bear in mind, with regard to treatment, is that no continuance of the application of drugs to the eye will secure or permit complete restoration of the eye to its normal condition. No matter how necessary or useful such applications may have been at a certain stage of the disease, the time comes when they are no longer useful, or permissible; and the promptness with which they are, under such circumstances, discarded, will have much to do in determining the rapidity of the completion of the cure.

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SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE: SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, March 15, 1889.

A. B. JUDSON, M. D., Chairman.

Cicatricial Contraction of Fingers.

DR. A. M. PHELPS presented a patient on whom he had operated four weeks ago for restoration of motion to the fingers, which had been flexed in the palm by a cicatrix in the wrist of eight years standing. He had freed each tendon from the cicatricial tissue, and had secured healing by blood-clot, with the hope that new sheaths would be formed in the clot. The wound was dressed antiseptically, and the first dressing was changed at the end of three weeks. The prospect of recovery of motion was good.

DR. R. H. SAYRE said that Paget had long ago recognized the organization of blood-clot after subcutaneous tenotomy. The case presented by Dr. Phelps shows that advantage can be taken of it after open incision under antisepsis.

Hysterical Equino-Varus.

DR. N. M. SHAFFER presented a patient, a girl twelve years old, who had been affected for ten weeks with hysterical equino-varus and rhythmical movement of the left foot. The talipes was reducible manually, but the motions were persistent. There was inability to walk, the result of the disability of the quadriceps extensor group. Before coming under Dr. Shaffer's observation, plaster of Paris had been applied to the limb for several weeks, but without benefit.

DR. A. B. JUDSON thought that choreic elements were seen when the patient attempted to walk. He recalled a case of rhythmical myoclonus reported by Dr. Peckham in the *Archives of Medicine* in 1883, in which the patient had been subjected to a great variety of treatment, and recovered finally after the hypodermic use of atropine.

DR. S. KETCH suggested treatment by hypnotism.

DR. R. H. SAYRE thought that the case illustrated the fact that abnormal muscular contraction can produce degrees of deformity as marked as those caused by bony distortion.

DR. L. W. HUBBARD thought the case allied to chorea, being the result of nerve irritation or exhaustion. He suggested absolute rest or recumbency for a long period with efforts to improve the nutrition.

DR. A. S. HUNTER had treated with success a case of hysterical hip by the administration of ignatia amara. The use of this drug in a number of cases of this kind had led him to value it highly when the disturbance was limited to groups of muscles only; but he thought it was of little value in the treatment of general choreic conditions.

DR. V. P. GIBNEY had had a favorable effect in a case of rotary spasm of the neck, from the fluid extract of gelsemium, given in five-minim doses, and pushed almost to toxic effects.

DR. H. W. BERG said that the contractions in the case shown could not be due to nerve lesion because it yielded so readily to manual replacement. Where there is irritation of motor nerves, as in spastic paralysis, it is extremely difficult to reduce the limb to a proper position. He suggested the ordinary treatment of chorea with electricity to make an impression on the mind rather than on the nerves.

DR. A. M. PHELPS then read a paper on

The Management of Hip Joint Disease.

In regard to the pathology of hip disease, Dr. Phelps believes that it is a local tuberculous affection, due to accidental inoculation and not to a constitutional or strumous condition. Following Volkmann, Albert, and König, he believes that the inflammation, at first simple, becomes tubercular by inoculation, and then purulent. The irritation of the peripheral extremities of the nerves in or about the joint produces muscular spasm, which in turn distorts the joint by trauma, aided by the bacilli of tuberculosis. In regard to treatment, he relies on mechanical treatment, believing that if we immobilize a joint and remove the intra-articular pressure, Nature will take care of the tuberculous material. His experiments on dogs had convinced him that immobilization of healthy joints does not produce anchylosis. Encouraging motion in an inflamed joint is a violation of the surgical law that an inflamed part requires rest.

He believes that the muscular spasm, which is a most serious element of destruction, should be overcome by extension, and that while extension is necessary to secure immobilization, it is not sufficient of itself. He therefore resorts to a combination of extension and fixation: the extension always to be in a line corresponding to the axis of the neck of the femur. Treatment as a rule should be begun in bed: extension being made in two directions, *i. e.*, toward the foot-board, and laterally, the body and well leg being fixed to a long splint, extending to the axilla. If the deformity does not yield to extension properly applied, the tissues at fault should be divided subcutaneously, or by open incision. Abscesses are to be incised through their entire length, and thoroughly scraped out and washed, strict antiseptic precautions being observed. Distension of the capsule should be relieved by aspiration or incision; then traction will not produce pain.

He exhibited a patient in a portable bed—an ingenious substitute for the wire cuirass—which is made with a board cut in an outline of the body, and plaster of Paris. The child is laid on the board, and then the whole is enveloped with plaster of Paris bandages from the foot to the axilla. The plaster is then cut away in front, the interior comfortably padded, and the patient held in place by lacings or bandages. Extension and fixation in bed are to be continued until the active symptoms and the deformity have entirely disappeared, and the spasm of the muscles is no longer present. Adults are then given crutches, and a portable splint which has a perineal crutch, extension by adhesive plaster, and abduction bar, and an upper (thoracic) ring to prevent flexion and extension at the hip. Children, after treatment in bed, are to have the portable bed, and then the portable splint, with or without the high shoe and crutches.

Dr. J. Ridlon was much pleased to hear the author of the paper take the ground that hip cases should be cured without deformity. He recalled a case of a patient in which the muscular spasm had been relieved by pinching the muscle. The child was very thin, and it was found that when the adductors were separated from the other muscles, and the belly of the muscle was pinched without any attempt at fixation, there was as much relief as could have been afforded by lateral traction.

Dr. Shaffer said that the paper had suggested to him the importance of separating in our minds the disease from the deformity. It is a question how far we are justified in meddling with the deformity, which is simply an expression, or so to speak, a symptom of the disease. In his experience, attempts at speedy reduction of the deformity had been followed by disastrous results. Nature gives a very positive indication in the acquired position of the thigh—that in which the immobilization of Nature reaches a maximum, and the diseased parts receive the greatest relief from reflex muscular spasm. If we forcibly interfere with this effort on the part of Nature, we inflict a distinct traumatism. On the threshold of treatment, the important question is—not whether traction is to be made in the line of the shaft or the neck, but how to secure an artificial immobilization in the position Nature assumes as the one that affords the most protection to the inflamed parts. He believed that if the joint is protected from traumatism, in other words, if traumatic contact of the inflamed joint surfaces is removed—and this can readily be done by the use of portative apparatus without entailing immobilization of the entire body from the head down—the joint is placed in the best known local condition. The portative traction treatment is compatible with fresh air, sunlight, and moderate exercise, which are the best means of combating the tubercular disease, and the tubercular diathesis. More lives have been saved, and better results have been thus secured, than by any other method which has been thoroughly tested.

Dr. R. H. Sayre agreed with Dr. Shaffer as to the importance of maintaining the general health, and the inadvisability of general immobilization of the body, if the diseased joint could be controlled without it. He thought that complete immobilization of the hip joint in young children was very difficult to secure; and that movement which stopped short of producing muscular spasm and pain, was not harmful. For poor children especially, he thought the portable bed was an admirable contrivance. The relief obtained in some cases by pinching the muscle could be explained on the supposition that it stopped the reflex action of the muscle. It is known that firm constriction of the belly of a muscle will, in certain cases, abolish spasm.

Dr. Chas. L. Scudder, of Boston, advocated a more frequent resort to the results of experiment on the cadaver. He recalled Dr. Bradford's experiments made in 1880, in which it was found that in an adult a force of one hundred pounds was not sufficient to separate the head of the femur from the socket; while in the shallow and not yet completely ossified acetabulum of a young child, a moderate force caused separation, and still less force was required in the fetus. Dr. Scudder believed that in hip disease of children, a tractive force of from three to five pounds would separate the joint surfaces as was illustrated at the Children's Hospital in Boston in the case of a young boy who had hip disease and night cries. The joint cavity was opened and a small quantity of pus evacuated. While the boy was under ether, it was found that traction made with the hand separated the joint surfaces to such an extent that the finger could be placed between the head and the acetabulum.

Dr. Hubbard thought that no one at the present time held the opinion that anchylosis is caused by immobilizing the joint affected with chronic inflammation. He had found it difficult to get anchylosis in cases where it was desirable, as in diseases of the knee. The first object is to give rest to the joint, which is best done by traction; not to separate the surface, but to overcome articular pressure which leads to muscular spasm. He believed the long hip splint gave sufficient immobilization for all practical purposes. It is more easily managed than the portable bed of Dr. Phelps, which from neglect would be likely to cause excoriations. As the disease seems to be a struggle between the tubercle bacilli and the vitality of the organism, he thought it especially important to place the system in the best possible condition to resist attack. He had rarely seen constitutional disturbance from abscesses which had been let alone, although in exceptional cases acute and painful conditions are certainly greatly relieved by surgical interference.

Dr. Judson commended the title of the paper. It was an admission that hip disease is not to be cured by treatment, but so managed that the almost inevitable recovery by natural processes should be with the minimum of disability and deformity. He thought that more emphasis should be placed on the importance of protecting the joint from the traumatisms of standing and walking, as is done by the use of Hutchison's extra long crutches and high sole on the well foot. But in every case there are long periods of exemption from pain, when this simple apparatus will be discarded. The ischiatic or perineal crutch of the hip splint, however, cannot be wilfully discarded; and when it is seen that the rack and pinion not only furnish traction, but also a convenient means of adjusting the length of the upright, the hip splint appears to come very near perfection as an instrument for the management of hip disease. He had never recognized either the trauma said to be caused by reflex muscular contraction or the alleged mechanical counteraction of the muscles by traction. He believed, and had always held, that the hip splint mitigates reflex muscular contraction by allaying the inflammation which gives rise to it. This it does by arrest of motion and prevention of pressure; motion being arrested by traction brought about by the use of the key, and pressure being averted by the perineal or ischiatic crutch, which makes the limb a pendent member. As the inflammation is resolved the reflex muscular contraction ceases.

The last Annual Report of one of our orthopedic institutions contains a table, from which it appears that there have been under treatment 371 cases of disease in the hip; 6 in the shoulder; 85 in the knee; 3 in the elbow; 27 in the ankle; and 5 in the wrist: an aggregate of 483 in the lower and 14 in the upper extremity. Shall we draw the inference that the incipient osteitic focus is found only or chiefly in the cancellous tissue of the lower extremity, or that a focus in the upper extremity more readily undergoes resolution by reason of its comparative exemption from violence? If the latter view is correct, it follows that the limb is to be made a pendent member by the persistent use of the axillary or ischiatic crutch at the earliest recognition of the disease. In some cases, an early diagnosis may be facilitated by the following simple method:

Let the patient sit on a table with the legs hanging and the knees separated. In this position, swinging the leg laterally is possible only with rotation of the femur; and if one leg oscillates in a less arc than the other, it induces or confirms a suspicion of the integrity of the joint.

Dr. Judson did not believe in treating abscesses and sinuses excepting indirectly through the general and local management of the bone disease in which they have their origin.

Dr. Gibney was in favor of securing absolute immobilization, but sometimes he would rather have less perfect immobilization, if by so doing he could secure a change of air and climate, with the consequent improvement in the general nutrition. Ordinary hip disease is managed satisfactorily by the portable traction splint, with or without the rack and pinion; and he had been agreeably surprised with the facility with which these patients ran around in the tenement houses. They come to his clinic only every three or four weeks for adjustment of the apparatus; and during the intervals engage in the most active sports: they certainly do not lie in bed in dark rooms and die of pyæmia. It is unsafe to put these children in an appliance like a cuirass or the portable bed, unless one is certain of being able to see and attend to them at short intervals. It had been his lot to see cases in which he had been unable at times to obtain proper co-operation on the part of the patient's family. He had often seen abscesses burrowing up to the spinal column and down to the knee; and such cases seemed to baffle even attempts at surgical interference. We must be guided a good deal by circumstances, and if we can protect the hips from trauma, and give the patient the benefit of out-door exercise, abscesses will generally be insignificant. He believed in correcting the deformity speedily, if necessary by dividing tendons and bone under an anæsthetic; for by so doing, we save much time and lose nothing. In regard to aspirating the joint over-distended with fluid, it was almost impossible to diagnosticate an over-distended hip joint. The position of the limb does not depend on the quantity of fluid in the joint, but is due to reflex spasm, and the efforts made by the child and nature to secure fixation.

Dr. J. H. Girdner described an experiment on the cadaver in which great force was applied without separating the surface of the hip joint. He also cited a case in which it had been necessary to keep the hand applied to the face for nine weeks in the course of a plastic operation on the nose. At the end of this time, there was no limitation in the motions of the elbow and wrist.

Dr. Ketch believed that hip disease is so often characterized by exacerbations that all attempts at a division into stages are of no practical value. He thought that the hip splint could be often of use for the reduction of deformities even in those periods when the patient is confined to his bed. In general, he believed it was a great mistake to make use of any apparatus which can be entirely left to the care of the patient or family for long periods. The explanation of the relief of pain by compression of muscles was to be found in an involuntary action on the part of the patient which secures fixation and traction at the same time.

Dr. Berg, speaking from the standpoint of the general practitioner, who frequently saw children in the very beginning of hip disease, related the histories of three cases which had presented the symptoms of early hip-joint disease, and yet recovered perfectly after rest in bed for a few weeks. He now insisted on all such cases remaining in bed for several weeks before commencing any other treatment.

Dr. Phelps, in closing the discussion, said that many cases in tenement houses, whether treated by the long traction splint or by the portable bed, are deplorably neglected; but this does not argue against the use of either apparatus; it simply illustrates one of the difficulties with which all practitioners have to contend. He valued the portable bed becuuse he desired immobilization of the affected joint, and this could not be obtained with splints having joints in them, and not including the trunk. He could relieve his patients better in bed during the period of deformity, and so adopted this method of treatment. He had seen patients in England who had been in bed for several years, and were still in excellent health. He did not, however, advocate prolonged bed treatment. Believing that the cases in question are inoculations of the bacillus tuberculosis on a previously inflamed surface, and not instances of constitutional tuberculosis, he explained the frequency of tubercular joint diseases in the lower extremity, by the statement that the joints of the lower extremities being more subjected to traumatic inflammation, furnish good ground in which the bacillus of tuberculosis could more readily reproduce itself.

He had presented his honest convictions, and hoped to report his cases later in such a way that others could disprove his statements, or he could substantiate his views.

REPORTS OF CLINICS.

PRESBYTERIAN DISPENSARY, CHINANFU, CHINA.

CLINIC OF DR. ROBERT COLTMAN, JR.

Locust-Leaf Poisoning.

The first patient, a woman, 24 years old, shows at a glance the trouble for which she seeks relief. She has been eating leaves of the locust tree, and is suffering from locust-leaf poisoning. You will notice that the whole body is swollen, much as though she were suffering from general erysipelas, though the numerous blebs which frequently accompany that disease are absent in this case. Her eyes are almost entirely closed, and the whole cellular tissue of the body seems infiltrated and swollen, causing the tense and shining appearance you see. Although many of these poor persons know the certain result of eating these leaves yet, at the present time, having no other food they are forced to fill their stomachs with something, and these poisonous leaves are all they can procure. They boil them and if possible mix meal with them and eat the mass. Strange to say the stomach does not usually show much disturbance, but in the course of a varying period, from a day to two days after ingestion, the general system becomes feverish, the tongue swells, and the cellular tissue becomes infiltrated. Constipation is a usual symptom, doubtless due to the amount of tannic acid contained in the leaves. As the fever has somewhat subsided in this woman, I shall simply order her a half ounce of castor oil, to be followed in three hours by a teaspoonful of sulphate of magnesia, repeated every three hours until four doses have been taken, and a diet of soft-boiled rice. No local treatment will be employed except a weak solution of lead water and laudanum, applied on pledgets of absorbent cotton over the eyes. In about a week the integument over the entire body will crack and peel off, much the same as it does after scarlet fever.

Dyspepsia.

This is a typical case of dyspepsia due to overloading the stomach with improper food, cooked in a crude and unhealthy manner. This man, who is 35 years old, although doing the hardest possible kind of labor, receives only ten cents a day as wages, and he is forced to live entirely on a vegetable diet. He eats daily a pound of hard dry bread, and several pounds of cabbage, spinach, and onions or garlic, taking at the same time great quantities of hot water and thin gruels, so that his stomach is dilated to an unnatural extent and is thereby weakened. His tongue is pale and cracked, his eyeballs white and glistening, and his pulse small and frequent. Unfortunately he is obliged to keep at his present occupation, and though we direct him to live on better food he will be unable to do so. With a view to correcting to some extent the condition of relaxation and anemia, I shall give him the following pill:

℞	Ext. Nucis Vom.	gr. ¼
	Ferri Sulph. exsic.	gr. i
	Ext. Rhei	gr. ij

One pill to be taken thrice daily.

Stricture of the Œsophagus.

This man, who is 42 years old, and fairly well-nourished, is a clerk by occupation. He complains that for sometime past, now nearly a year, he has had regurgitation of food apparently before it reached the stomach. He suffers no pain, but is always hungry, and has great difficulty in swallowing, nearly all of a given mouthful being regurgitated. On examination with a bougie I find a constriction just above the cardiac orifice of the stomach which will not admit of the passage of this bougie. This one, the size of an ordinary lead-pencil, I can with difficulty pass, and you see as I withdraw it that a few mouthfuls of tenacious glairy mucus follow the withdrawal of the bougie. We have therefore a stricture of the œsophagus. What is it due to and what is its nature? I have found most of the cases I have seen here in China to be due either to syphilis or to the constant drinking of "shaochin," or native alcohol; but in the present case the patient denies having had syphilis and he does not drink spirits. Perhaps it is cancerous, but as he has no cachexia and suffers no pain I am not inclined to view it in that light. I remember a year since a man who was brought to the dispensary at Wei Hsien, who was unable to stand, having taken neither food nor drink for six days. He acknowledged having had syphilis thirteen years before, but had not had any symptoms for a number of years. With some difficulty I passed a stomach-pump tube through the stricture which, as in this case, was directly above the cardiac orifice of the stomach; and attaching the pump I introduced a quart of warm condensed milk and ten grains of potassium iodide into the stomach. This I repeated three times daily for a week, after which the man could swallow fairly well; and having kept up the iodide treatment with a little bichloride of mercury added for a month, the patient entirely recovered. That year we had several cases of the same sort, and although we could not make out a specific history in each case yet they all did well under the iodide treatment. I am rather inclined to believe this present case to be specific, in spite of the man's denial; and as he can still swallow by taking minute quantities of fluid at a time, I shall order him a milk diet and ten grain-doses of iodide of potash three times daily. In the United States I have frequently prescribed drachm doses of the iodides; but I have several times produced iodism in this country by five-grain doses, thrice daily; and I am forced to believe that your countrymen will not bear the iodides as well as my own. Whether this be due to the fact that you are largely vegetarians or not I am unable to say.

Scabies.

This lad, fifteen years old, is indeed a sight, being covered with sores from his head to his feet, some scaly, some pustular, some vesicular. His groins and privates are almost a solid scab. Fortunately, although he is such a horrible looking object, the simplest means will suffice for his complete cure, and a very few days will restore his skin to as sound a condition as ours. His disease is itch, and he is one of seven thousand odd patients who have been to this Dispensary in the last four years for that complaint alone. We will give him this drachm package of sulphur flowers, and direct him to add to it an ounce of lard, and after a bath to rub the resulting ointment thoroughly all over his body. Tomorrow we will give him another package, and in a few days he will be well.

Caries of the Metatarsus.

In no other country under the sun could you see a case like this due to the same cause. This little girl, who is thirteen years old, has had her feet bound, as is the universal custom; the four smaller toes have all been turned in under the foot, and the foot so compressed and distorted to make it small, that caries of the bones of the metatarsus has set in; the ulceration, and discharging holes you see are due to the dead bone within. With this probe I can plainly feel the bone denuded of its periosteum in each of these three sinuses. As the father will not consent to any radical operation for relief, we can only give the patient treatment of a palliative kind. This will consist in warm poultices and syringing out the sinuses with a five per cent. carbolic solution, twice daily; and, as she seems ill nourished and inclined to scrofulosis, eight-drop doses of syrup of the iodide of iron three times daily. It is or was a penance of the older monks and religious devotees to walk a certain distance with hard peas in their shoes, but the pain thus inflicted cannot compare with the torture that the mothers in China annually inflict on millions of their daughters in order to comply with a custom or fashion. The result is that the women are all maimed for life, and the constant pain they suffer causes them to age prematurely. I have not yet seen a woman in China thirty years of age who did not look ten years older. Would that England and America or other civilized countries would combine and remonstrate with the Emperor of this land and, if need be, *force* the abandonment of this vicious system of universal child torture.

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—Dr. N. S. T. Harris, a young army surgeon, of Washington, accidentally shot himself at Orkney Springs, Va., on Friday, sustaining a severe wound of the right breast.

PERISCOPE.

Removal of Foreign Bodies from the Ear.

In the *New York Med. Journal*, July 13, 1889, there is an interesting and practical article by Dr. Robert Barclay, of St. Louis, on the management of cases in which a foreign body is known or believed to be in the ear.

The subject of removal of foreign bodies from the ear, he says, acquires its importance from the fact that these cases are frequently met with and that acquaintance with the surgical anatomy of the external auditory canal and drum-head is absolutely necessary for their proper management. Moreover, the fact that unskillful meddling may at once transform an otherwise comparatively harmless condition into one of great danger calls for a more extensive familiarity with this subject among general practitioners, since to *the family physician first* these patients appeal for relief. To him, especially, therefore, these suggestions and illustrations will be offered.

The foreign bodies to be found in the ear may be classified in various ways. For instance, they may be parasitical or non-parasitical; those that do and those that do not swell; animate or inanimate; those produced within the ear or those introduced therein, etc. The brief period of time at our disposal compels me to confine my remarks to the consideration of the removal of foreign bodies of non-parasitical character which have been introduced within the ear. Cases of this kind when first seen, if the foreign body is inanimate, *seem* simple and without danger, but, improperly interfered with, they become grave in character and difficult of management. If, however, the foreign body is animate — a small bug, for example—its active character and the vulgar superstition of its possible "getting into the brain"—where alone, by the way, a "foreign body" (!) sometimes exists—almost invariably make the case seem from the outset distressing and urgent to an exaggerated degree. One should therefore be upon his guard lest he be either too careless in the former or too hurried in the latter case, yet be alert to the indications of the particular case presenting and active in properly fulfilling them.

When insects enter the ear, oil should not be used to kill or remove the intruders. If the insect is very small, it may sometimes be ejected by forcibly blowing into the canal. If the invaded ear is upturned and filled with warm water, the insect will either at once seek the surface or perish for want of air. In the latter case it may subsequently be removed by syringing, which is the preferable method, or with a cotton-wool brush or curette. A little reflection will show the folly of hurriedly *probing* the ear for the removal of a live insect. Abrasion of the canal and drum-head at least, and very often complete rupture of the latter, is apt to be caused by such a procedure. In many cases the insect will have already escaped from the ear before the remedial attack upon the organ is begun. Should there be any doubt as to the insect still being within the ear, the doubt should first be satisfied by ocular inspection of the canal. If the patient is suffering pain from the *movements* of a live insect in the ear, unnecessary delay would be cruel, and we should at once upturn the canal and fill it with warm water, proceeding as advised above.

In cases of perforated or lost drum-head a foreign body in the tympanum or attic is a dangerous complication if neglected. In such cases, if the foreign body has reached the inner end of the canal, the syringe, if used at all, must be used with the greatest care, lest the foreign body be driven into the attic or antrum. This advice applies also to cases of cerumen and former otorrhœa. It is better to use some retracting instrument, such as a bent probe or hooked curette, until we have removed the foreign body to a point where it can more readily be seized with the forceps, when we complete its removal with this instrument. Satisfactory illumination of the parts and sight of the foreign body are essential in the performance of this operation.

A patient, his relatives, or his friends, may often insist upon it that a foreign body is in the ear and demand one's interference. Except where there is a live insect moving about in the ear, we should under no circumstances depart from the rule so wisely observed by the two physicians mentioned above: *No matter how positive a patient, his relatives, or friends may be that there is a foreign body in his ear, never attempt the removal of such until you have first provided yourself with satisfactory illumination of the canal with a mirror; examine the ear thoroughly by ocular inspection and convince yourself of the presence of a foreign body.*

Premonitory Symptoms of Alcoholic Paralysis.

Dr. James Ross, who is well known for his special studies on diseases of the nervous system, makes some interesting remarks on the premonitory symptoms of alcoholic neuritis, in a communication to the *Lancet*, June 8, 1889. Alcoholic paralysis, on attaining to the stage of double wrist and ankle-drop, loss of the patellar-tendon reactions, and high-stepping gait, is now readily recognized by every moderately well-informed practitioner, and accurate descriptions of it have found their way into ordinary text-books of medicine. He therefore regards it as quite unnecessary to give a detailed description of the condition. Dr. Ross also passes over such well-known signs of alcoholic poisoning as a bloated face, lightning-like and neuralgic pains in the extremities, morning retching, and muscular hyperæsthesia, in order to direct special attention to three symptoms which he believes to be hardly ever, if ever, absent as forerunners of this form of paralysis, although they are by no means peculiar to poisoning by this agent, being met with in other forms of peripheral neuritis. These symptoms are: (1) Disorders of the tactile sensibility of the extremities, which patients usually describe as numbness of the fingers and toes; (2) vaso-motor spasm of the extremities, named by Raynaud "local asphyxia," and which the patients refer to as "deadness" and "coldness" of the fingers and toes; (3) severe cramps, which are most frequent and severe in the muscles of the calf, although these muscles are by no means the exclusive seat of them. Dr. Ross gives the notes of five cases in illustration of the symptoms just mentioned, and states that every one of the five patients whose cases are narrated had to rub their hands together for ten or fifteen minutes in the morning in order to warm them, or for the purpose of getting "the blood to circulate." This habit, he says, seems not to have escaped the observant eye of our great dramatist, for Lady Macbeth is represented as being addicted to it. In the sleep-walking scene, the doctor, who with a waiting gentlewoman is a spectator, asks: "What is it she does now? Look how she rubs her hands." The gentlewoman replies: "It is an accustomed action with her to seem thus washing her hands; I have known her continue in this a quarter of an hour." That Shakspeare represents Lady Macbeth as drinking wine to nerve her for her fiendish purpose is proved when, after having drugged the two chamberlains into "swinish sleep" by "wine and wassail," she says:

> "That which hath made them drunk hath made me
> bold;
> What hath quench'd them hath given me fire."

It is not pretended that Shakspeare knew there was any connection between the abuse of wine and this rubbing of the hands; all that can with probability be asserted is that the original of the character of Lady Macbeth was one who indulged to excess, and was observed to have this habit of rubbing her hands.

With regard to the cramps, he says it is important to notice that the patient seldom complains of them, and the fact of their presence has almost always to be elicited by cross-examination. This explains how it is that the presence of cramps in peripheral neuritis has hitherto almost entirely escaped notice. Having now for the last two years questioned minutely a large number of patients, suffering from alcoholic and other forms of multiple neuritis, Dr. Ross declares that he has no doubt whatever that the pains described as "cramps" are really due to tonic spasm of the calf and other muscles, the torture caused by them being aggravated by the hyperæsthetic condition of the affected muscles.

Iodol in Tertiary Syphilis.

In the *Canadian Practitioner*, March, 1889, there is a translation of an article by Dr. Dante Cervisato, of Padua, in which he says that syphilitic affections have for a long time been divided into two great groups, the first of which is treated altogether with mercury, while the second is treated almost solely with iodide of potash. To the first group belong simple primary and secondary syphilis. The second includes the whole group of tertiary symptoms, and especially the nodular affections and the different forms of syphilis of the viscera. He has, therefore, used iodol in some cases belonging to the second group, and has had extraordinarily favorable results. In two cases in which deep syphilitic ulcers had formed from gummata of the pharynx and hard and soft palates—in one case there was perforation of the hard palate—treatment with iodol internally, in doses of fifteen to forty-five grains a day, and locally by brushing with a lotion of iodol 1 part, alcohol 16 parts, and glycerine 34 parts, produced a rapid and complete cure in about two months. In another case of tertiary syphilis, with lesions of the liver and larynx, the internal use of iodol was attended with such direct and surprising success as to leave no doubt about the utility of iodol in tertiary syphilitic affections.

The general effect of iodol on the organism, he says, is very similar to that of the other iodine preparations. It accelerates metabolism, which produces on the one hand improvement of the general condition, and on the other increased secretion of urea. The latter is the more worthy of note because it is always accompanied by increased secretion of urine. The urine during the internal use of iodol always contains a high percentage of iodine. The color of recently voided urine is normal or sometimes even lighter than normal, and becomes of a more or less dark brown after standing exposed to the air. Unchanged iodol was never found in the urine. It was not found to have any influence on body temperature, circulation or respiration, and never caused nervous symptoms nor disturbance of the digestive system. Almost none of the phenomena of iodism were observed. In the large number of cases under his own observation, in only one was there slight acne of the face; and there was a doubt about its being caused in this instance by the iodol, because it was not accompanied by any of the other symptoms of iodism.

Functional Neuroses and Diseases of the Sexual Apparatus.

Uherek (*Centralblatt für Gynecologie*, Jan. 28, 1888) considers the so-called functional neuroses in the female sex as based upon general disease of the entire nervous system, the anatomical changes in which have not yet been demonstrated. Upon this assumption he believes that nervous diseases in women, in so far as they are not complicated with diseases of individual organs, are not curable, though they are susceptible of improvement, and may have periods of latency. The failure to cure the disease is not attributed to its incurability, but to the fact that when they are partly cured patients invariably expose themselves to those conditions which favor a recurrence of their trouble. It is admitted that there is a coordinate relation between diseases of the nervous system and the sexual apparatus, and that relief to the latter sometimes relieves or appears to relieve the former. With regard to the symptoms in neuroses in women the author has observed that there are three groups of them occurring at intervals, and interchangeable—namely, the cerebral, the spinal, and those which pertain to digestion. The first group is sometimes absent, but the others are almost always present. The treatment of these cases should be entirely symptomatic, but narcotics should be avoided; the bromides will be found very useful, however, and should be given to the limit of tolerance. The author thinks that entirely too much attention has been paid to the genital organs in connection with these neuroses. Even if there are lesions which have resulted from parturition, the general condition should receive a large share of attention. If subinvolution of the uterus is present, the internal use of hydrastis for several months is recommended. It is believed that it is of special value in the profuse and long-continued metrorrhagia which sometimes accompanies the establishment of the menstrual function. In regard to the propriety of submitting virgins to a gynecological examination, this should be governed by circumstances and should be left to the tact of the physician; but one should err in making too few rather than too many examinations and applications. In many cases examination *per rectum* or under ether will be the proper course. In general the author recommends treatment away from home, hydrotherapy, electricity, massage, and regulation of the diet.—*New York Med. Journal.*

Œdema as a Diagnostic Sign in Carcinoma of the Stomach.

M. C. Baert, of Brussels, writing in *La Clinique* on cancer of the stomach, calls attention to the frequency with which œdema of the ankles is met with in this affection after it has lasted a few months—a diagnostic aid which is by no means new, but is, he thinks, in danger of being too much overlooked at the present day. He gives a number of cases recently occurring in the various hospitals in Brussels in which œdema was present. In one of these cases the œdema came on as early as three months after the first symptoms of the affection made their appearance; in two other cases it was noticed after four months; but in most of the other instances it was delayed till the lapse of from six months to a year after the onset. In one case, where there was no evident cause to which to attribute the loss of appetite and the wasting complained of by the patient, Professor Carpentier, noticing some œdema of the ankle, diagnosticated carcinoma of the stomach, and found his diagnosis confirmed by the appearance a month afterward of all the usual signs of the affection. Several of the cases presented a marked increase in the nitrogen excreted in the urine. With regard to the deficiency or absence of hydrochloric acid in the stomach in cancer of that organ, M. Baert admits that it is usual, but agrees with Wolff and Ewald in saying that this sign is by no means peculiar to cancer, as it is found in other gastric affections.—*Lancet*, April 13, 1889.

Pruritus Ani.

Dr. J. M. Matthews says, in *Progress*, May, 1889, that the following is an excellent application in cases of pruritus ani:

℞	Hydrarg. chlor. mitis	ʒi
	Balsami Peruv.	ʒiss
	Acid carbolic	gr. xx
	Lanolin	℥i

M. Sig. Apply once or twice a day, after sponging with hot water.

Effect of Removal of the Ovaries.

It would be a difficult matter to compute the vast number of cases in which the ovaries have been removed. It is but a few years since the text-books on gynecology and general surgery could compass in a table of small dimensions the names of those who had performed oöphorectomy and the number of cases in which they had operated. Now the number of operators is "like the stars," and not a few have reported series including several hundred cases. A great deal of valuable information has been derived from the publication of these cases, and much more is to come. Glaevecke has analyzed a great mass of data of this character, and his conclusions are suggestive, not to say startling, at least in some respects. Of cases in which the ovaries had been removed, he found that in 88 per cent. menstruation ceased at once or after a short time; in the remaining 12 per cent. it continued at rare intervals and with a much diminished flow. The cessation of menstruation is explained on the theory that the ovary is the source whence the impulse to menstruation proceeds. In about half the cases the menstrual molimina still recurred in obedience to habit, together with a recurring irritation of the uterus proceeding from the proper nerve centres, and causing hyperæmia. The phenomena of the menopause were present in most cases: flashes of heat, dizziness, headache, leucorrhœa, sweating, etc. In most cases also the vagina and uterus became atrophied after a short time, uteri that had been enlarged from chronic inflammation or the presence of myomata becoming as small as or smaller than the normal. In 42 per cent. of the cases the body increased in weight and in the supply of subcutaneous fat. In most of the cases the sexual desire was notably diminished and in many it was extinguished. In almost all cases the mind became more or less affected, and not infrequently melancholia resulted.

Thus it will be seen that the conclusions from this analysis are not entirely in accord with general opinion nor with the expressed views of some writers of large experience. In the matter of sexual desire, it has been repeatedly asserted that this was more likely to be intensified than diminished by removal of the ovaries. As to the mental effect, it will doubtless appear too sweeping a statement to be true that all, or nearly all, women whose ovaries are removed suffer unfavorable mental changes. Were this the case, it would be in itself a sufficient reason for the greatest circumspection before performing the operation.—*N. Y. Medical Journal*, July 20, 1889.

Eucalyptus for Headache.

In a preliminary note on the use of eucalyptus in headache, published in the *Medical News*, July 20, 1889, Drs. Morris J. Lewis and G. E. De Schweinitz give a brief history of eight cases in which the use of oil of eucalyptus was beneficial in relieving headache of various types after other means had failed. They suggest that others may try this remedy as a therapeutic measure in a class of cases in which it has been used with asserted success, but certainly without extended trial. Their attention was called to this use of the oil of eucalyptus on account of the markedly beneficial effect in a case in which it was exhibited to control headache believed to be of malarial origin: quinine having failed. The sudden and surprising improvement which followed its use led them to employ it in other forms of functional headache, not due to eye-strain or similar removable cause.

The histories of these eight cases show results sufficiently definite to stimulate further trial of this remedy. Dr. Weir Mitchell and Dr. Wharton Sinkler, of the Infirmary for Nervous Diseases, have employed the drug in like cases with benefit. The latter has used it in three cases with decided relief; in one, in a case of long-standing migraine, it was the sole medicine for five or six weeks. In this case the paroxysms, which were right supraorbital and severe, were materially shortened and the intervals lengthened.

Eucalyptus has been used with asserted success in migraine and other forms of neuralgia as mentioned above. It appears to be of most service in the headaches of congestive type; in one case where indiscretion in diet precipitated an attack the drug did not appear to be of use, although it relieved other seizures. In this and other cases the drug acted more beneficially when given at the very onset of the attack than after full development of the paroxysm, and Drs. Lewis and De Schweinitz suggest its trial as early as possible in the seizure, especially when there is a long prodromal period. The question has arisen, Are the headaches of a malarial origin that are relieved by this drug, or has it some other mode of action? In the first case the evidence of malaria was undoubted, in none of the other cases is it positive, and in some not at all probable. Drs. Lewis and De Schweinitz intend, in a future paper, to give the results of further trial with the oil of eucalyptus, and hope to be able to state more definitely the type of headache in which the most relief may be anticipated. In two instances their results were entirely negative, in both an organic lesion existed, the one in the alimentary canal, the other in the ovaries. They have used the drug in one case of ciliary neuralgia without effect and intend to give it trial in other types of neuralgia.

Gimbert has used eucalyptus with success in neuralgias of *intermittent type* even when he could obtain no history of malarial infection.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

TYPHOID FEVER AND DRINKING-WATER.

At the meeting of the Berlin Society of Internal Medicine, June 19, 1889, Dr. Fürbringer gave some details of an epidemic of typhoid fever, through which Berlin had recently passed, which will be read with profit by those alarmists who explain the occurrence of typhoid fever in Philadelphia by a supposed contamination of the chief water-supply of the city. The epidemic referred to began about the middle of January last, and during the next three months five hundred and ten cases were reported to the authorities. There were two principal centres of the disease, one at the southeast end and one at the northeast of Berlin; apart from these foci, the frequency of typhoid fever, of which there are always some cases in Berlin, did not exceed the usual average. Dr. Fürbringer admits his inability to explain the outbreak of the fever, either by reference to the soil or to the drinking-water. With reference to the latter, it is very interesting to note that the afflicted sections of the city have been long provided with an excellent system of drainage, and are supplied with the same water that is furnished to the sections of the city which escaped the epidemic. Berlin is often cited also as having an excellent system of filtration for its drinking-water.

With regard to the probability of water being the carrier of the infection of typhoid fever, some light may be obtained from the recent Address on State medicine, delivered by Dr. William H. Welch, Professor of Pathology in Johns Hopkins University, Baltimore, before the American Medical Association, at Newport, June 28, 1889. In this Address, Dr. Welch refers to certain experiments undertaken to determine whether pathogénic micro-organisms can grow, or be preserved for any length of time in a living condition, in water, and says: "These experiments indicate that water, even when contaminated with more organic impurities than are likely to be present in drinking-water, is not a favorable breeding-place for pathogenic bacteria." The most that Dr. Welch, who is well acquainted with investigations of the relations between the drinking-water and disease, both in this country and abroad, claims for the risk of infection in drinking-water is that there is no sufficient reason, from a bacteriological point of view, for *rejecting* the transmissibility of typhoid fever and cholera by the medium of the drinking-water. This extremely moderate statement of the case under discussion is in striking contrast with the dogmatic assertions of certain men, who have recently given their opinions to newspaper reporters in this City, and is all the more important as coming from a skilled bacteriologist.

TUBERCULOSIS AND FOOD-SUPPLIES.

There is still some incompleteness in the argument of those who regard the flesh and milk of tuberculous animals as dangerous to human health. For example, the *Lancet*, July 27, 1889, says that in an address on Tuberculosis recently delivered by Dr. James Niven, medical officer of health for Oldham, England, before the Association of Public Sanitary Inspectors, the lecturer drew the attention of his audience to various aspects of tuberculosis, both in the human subject and in some of the lower animals, with especial reference to their bearing on the question of public health. As regards the influence of foods in the production of tuberculosis, Dr. Niven held that every one would probably allow that milk from an animal having tuberculosis udders might be infective; and, since there is much difficulty in determining when there is a tuberculous focus of disease in the udder, the milk of tuberculous cows should, he thought, be always condemned. In this connection he referred to a story that the owner of a valuable herd of cattle, on finding that a large proportion of his cows were tuberculous, withdrew the milk from the market, and used it, without previously boiling it, for the fattening of his pigs. The result was that the pigs, almost without exception, were so affected with the disease as to necessitate the slaughter of the whole stock.

Here is a very striking story, which if true would be evidence of the most important character. But it is introduced in the most off-hand manner, without detail or means of verification, and treated as though it were an unquestionable fact. The lecturer then turned to the risks of using for food the flesh of tuberculous animals. This he regarded as a matter of greater difficulty. Observation seemed to show that the meat of tuberculous animals did not necessarily convey disease, and this although it is difficult to conceive how tubercle bacilli, which are liable to be scattered throughout the body by means of the blood-vessels, can fail to find lodgment in the flesh. His own opinion is against the use of much flesh as a food, although he admits that this by no means constitutes the greatest danger as to tubercle in its relation to food supplies.

It would be a great thing for science and for humanity if we had trustworthy evidence that the milk and flesh of tuberculous animals either is, or is not, dangerous when taken as food by human beings. But this is an end still to be worked and hoped for.

THE ASSOCIATION JOURNAL AND ITS CRITICS.

The *Journal of the American Medical Association* does not lack kindly criticism. The *Pittsburgh Medical Review*—a journal of high standards—in the July issue points out the inconsistency of the conduct of the *Journal* of the Association, in the matter of advertisements, with the deliverances of President Dawson at the last meeting of the Association, and suggests a change of practice in the following gentle terms: "Here is a very evident way to do something to lessen this evil. If the pretensions of the Association are not the veriest buncombe; if the code of ethics is not a fraud, and medical faith and virtue are not mere baits to catch gulls, then in the name of decency and of consistency, *compel the Journal to cease its encouragement of this quackery*. If Dr. Dawson is sincere, if he believes what he says, if he has the courage of conviction, let him loudly protest against the *Journal's* advertising these things to physicians; let him take such action as he can to correct the compromising and injurious course of the official organ; let him cease to mete out unstinted praise to the editors and publishers of the *Journal*, who are directly responsible for this iniquity, and do all he can, in season and out of season, to purge it of its uncleanness."

While the suggestion comes from Pittsburgh, we find another in the *Buffalo Medical and Surgical Journal* of August, which thinks that it is high time to suppress the "childish prattle" of the regular New York correspondent of the *Journal*. It says, quite truly, "We are now at a period in the history of American medicine when it is about time to drop all politico-medical jugglery, and settle down upon the broad platform of science. One of the reasons why the Newport meeting was one of the best, if not the very best ever held by the American Medical Association, is that it divested itself for the nonce of every appearance of vindictiveness, and there were certainly no acrimonious debates upon questions foreign to the real purposes of the meeting. Those questions which none but the smaller minds in the high councils of the Association care one whit about, did not come to the surface for discussion." Referring to some of the utterances of the *Journal*, during the brief editorship of Dr. John B. Hamilton, the *Buffalo Medical and Surgical Journal* says: "The senseless editorial on page 164 of the *Journal* for February 2, 1889, was allowed to pass in comparative silence, as far as the medical press of the State of New York was concerned, and after its stinging rebuke by the editor of *Progress*, we did think that we should see no more writing of that sort in its columns. We happen to know that the Trustees of the *Journal*, or at least some of them, disapproved of that editorial, and we hope that, at least while they are assuming its editorial control, they will see to it that [* * *] and all of his kidney that have to do therewith in any way, are duly suppressed."

These criticisms can hardly be expected to be agreeable to the persons directly referred to, or even to the Trustees of the *Journal;* but they may be of profit, if they are profitably used. One of the greatest drawbacks to the success of the *Journal* has been, we think, the disposition to regard its critics as its enemies, and to play into the hands of those who find it to their interest to cultivate this disposition instead of correcting it.

AGUE FITS IN FETAL LIFE.

In another part of this number of the REPORTER will be found a surprising report by Dr. Felkin, of Edinburgh, of two cases in which he believes he detected malarial rigors in the fetus. The mother, in both cases, was healthy while the father was subject to malarial attacks. The presence of the disease in the children Dr. Felkin attributes to direct inheritance from the father, the specific germ being transmitted with the semen.

This report would be classed among the Munchausen-like tales which adorn the pages of many medical journals, were it not that the *Edinburgh Medical Journal* is not given to admitting folly, and that the details of Dr. Felkin's account indicate that he is not a careless or a thoughtless observer.

RELIABLE THERMOMETERS.

On May 11, 1889, attention was called in the REPORTER to the defects in the Immisch Metal Thermometer pointed out by Huebner. His criticisms have led to a new investigation of the subject by L. Kuttner, in Berlin, who, after a series of comparative tests, comes to about the same conclusion as Huebner. He states, in the *Berlin klin. Wochenschrift*, July 15, 1889, that the Immisch Thermometer does not furnish a correct measure of the temperature, after five or even ten minutes. At present, he says, we have no instrument which can take the place of the quicksilver thermometer.

This is an opinion which we believe to be correct. In spite of the disadvantages of too frequent breaking of the glass and mercury thermometers, there is nothing so good or so convenient for the physician's use. In stating this fact, we lay before our readers the latest information on the subject, and answer a question which has been a number of times put to the REPORTER by its subscribers.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by CHARLES E. SAJOUS, M. D., and Seventy Associate Editors. Illustrated with Chromo-Lithographs, Engravings, and Maps. Five Volumes, Large Octavo. Philadelphia: F. A. Davis, 1889. Price, in cloth, $15.00.

This is the second year of the publication of this important work, and it seems to justify all the expectations which were entertained in regard to it. Certain defects, inseparable from the beginning of such an enterprise, have been eliminated in this issue, and improvements have been introduced, suggested by the experience of last year. The result is a set of volumes which may be taken as a very faithful representation of the progress of medical science during the year just past. If the whole is of as great merit as that portion which we have examined in the light of special acquaintance with the subjects therein treated, the work is one which reflects great credit upon its editors. The books themselves, are handsomely printed, and well bound, and would constitute an exceedingly valuable addition to any physician's library.

It is a pleasure to be able to speak so well of these volumes, because they compare favorably with the productions of the German writers, which have always held the field in this class of literature. This—to be frank—is a little more than we expected when the enterprise was first started, and the pleasure in seeing its success is so much the greater.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY 1889. Twenty-fourth Annual Meeting. Octavo pages 391.

The Michigan State Medical Society is one of the most active and enterprising Societies in this country. This is abundantly shown in the volume of Transactions before us, and is a familiar fact to those who have followed its recent history. It would be impossible, without being invidious, to indicate the most valuable papers in this volume. They are from some of the best known medical men, not in Michigan only, but in the United States. The opening address by the President, Dr. S. S. French, of Battle Creek, Michigan, is commendably brief and interesting. It rather vindicates the importance and achievements of the older members of the profession against the somewhat aggressive advances and brilliant performances of those who are younger. The volume is illustrated, and contains among other things reproductions of photographs of the President and the late Dr. H. O. Hitchcock.

It is rather a pity that some of these papers, probably, will find their burial place in this volume of Transactions, and that it is not a regular thing for authors to secure the publication of their papers in medical journals of extensive circulation without prejudice to their appearance in the volume of Transactions. Such a course would do the authors, and the members of the profession, a great deal of good; and it is hard to see how it could do the volume of Transactions any harm.

ELEMENTS OF HISTOLOGY. BY E. KLEIN, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Batholomew's Hospital, London. 8vo, pp. xii, 368. Philadelphia: Lea Brothers & Co., 1889. Price, $1.75.

In the present edition of his well-known hand-book, Dr. Klein has made some changes in the text and in the illustrations, in order to keep pace with the constant progress of histological knowledge. These changes add materially to the value of the book; they have enlarged it somewhat, of course, but it is still of a very convenient size for the student. The microphotographs, which were made by Mr. Andrew Pringle, are beautiful specimens.

The book can be commended cordially. It is one of the best and most convenient text-books on the subject for students.

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CORRESPONDENCE.

Iodide Potassium and Chlorate of Potash.

TO THE EDITOR.

Sir: Dr. Kloman is evidently an alarmist; and his testimony in regard to the internal use of iodide of potash and the chlorate of potash in combination (in the REPORTER, August 17, p. 191) is unjust, and therefore worthless. The Doctor does not give *his own* experience of the internal use of a combination of these two compounds, but relates what others may have said in reference to their inferential effects only. For twenty-five years I have been prescribing iodide and chlorate of potassium in combination for diphtheria, stomatitis, tonsilitis, and other affections of the mucous membrane of the mouth and throat, with great success, and have never observed any of the effects of the so-called iodic acid or iodate of potassium. I have, in some few instances, observed iodism, and this is the "*alarming*" effect, which is now and then observed from the internal use of a combination of iodide of potash, and chlorate of potassium.

If Dr. Kloman will lay aside his unmerited prejudice, and commence the internal use of a combination of iodide and chlorate of potassium for all diseases of the mucous membrane of the mouth and throat, from diphtheria down, he will soon learn to appreciate the great value of this combination in such diseases, and will not be willing to exchange the combination for any other.

Druggists are always to be commended for caution; but if the Doctor finds an "educated druggist" whose presumption causes him to refuse to compound his prescription, let him send it to a more modest druggist, with less ill-founded caution.

M. Melsens says he kills his dogs in a month, by giving them daily doses of 108 grains of each iodide of potassium and chlorate of potash; and hundreds of times

I have given two drachms each of iodide and chlorate of potash daily for a week, and for two weeks, to my patients, without observing the slightest poisonous effect from the combination; and I now ask Dr. Kloman if he has ever observed the poisonous effects during, or after the internal use of a mixture of iodide and chlorate of potash?

Yours truly,
J. B. Johnson, M. D.,
Washington, D. C.,
Aug. 21, 1889.

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NOTES AND COMMENTS.

Methods of Craniotomy.

A paper bearing this title was read by Dr. Archibald Donald, Honorary Surgeon to St. Mary's Hospital for Women, Manchester, before the Obstetrical Society of London, Jan. 2, 1889. Dr. Donald pointed out that it is of importance still further to improve the methods of craniotomy, since there are certain cases in which the operation is indicated, and would continue to be performed even by those holding the most advanced views in regard to Cæsarian section; for example: (1) when forceps have been tried for a long time without effect, or when podalic version has been performed, and the head cannot be extricated; (2) when there is certainty, or great probability, that the child is dead; (3) when the condition of the mother is such as would cause Cæsarian section to be almost certainly fatal; (4) in certain cases of deformity of the fetus. A table of eighteen cases of craniotomy was appended, and in each case full details were given of the indications for the operation, the method adopted, and the subsequent history of the patient. Remarks were then made on the method of craniotomy to be preferred: (1) in the less marked degrees of pelvic contraction; (2) in cases in which the contraction was considerable. In the first class of cases the method to be preferred depends, he said, greatly on the nature of previous attempts at delivery. If the axis-traction forceps have been used to the limits of safety, and the head does not come through, the vertex may be perforated without removing the forceps, and the forceps used as a tractor after a firm grasp of the head has been obtained by turning the screw as far as possible. The method recommended in the more severe degrees of contraction consisted in (1) podalic version and extraction of the body; (2) perforation through the roof of the mouth; (3) cephalotripsy of the after-coming head; and (4) extraction of the head by means of the cephalotribe, or by traction on the body or lower jaw combined with suprapubic pressure. The advantages of this method, according to Dr. Donald, are as follows: (1) the base of the skull is effectually broken up; (2) the head is well fixed during perforation and crushing; (3) the position of the head is easily altered, thus allowing the cephalotribe to be applied in different directions, or the head to be brought down with its crushed diameter in the smallest diameter of the pelvis; (4) the collapse and moulding of the head are often brought about readily by combined traction on the jaw and body of the child and suprapubic pressure. The difficulties of this method were discussed under the following heads: Difficulty in the preliminary version; in extracting the body; and in perforating and crushing the head.—*British Med. Journal*, Jan. 12, 1889.

For a Cold in the Head.

Rabow declares that a snuff made of 2 parts of menthol, 50 parts finely ground roasted coffee, and 50 parts powdered sugar is a sovereign remedy against fresh "colds in the head." The powder should be snuffed into the nostrils strongly and frequently.

Condition of the Genital Tract in Basedow's Disease.

L. Kleinwächter (*Zeitsch. f. Geburtsh. u. Gynäk.*, XVI., 1) after citing various writers who have investigated the subject, calls attention to the fact that, while the literature mentions numerous coincident anomalies of sexual function, the changes which take place in the genitalia have so far not been described. He narrates the history of one of his cases in which the disease attacked a previously robust, healthy young married woman, and was accompanied by atrophic changes in the uterus, vagina, and vulva, with total disappearance of the formerly well-developed mammæ and denudation of the hairy portions of the skin; he thinks the changes induced by Basedow's disease are similar to the atrophic changes accompanying advanced years.—*American Jour. Obstetrics*, June, 1889.

Incontinence of Urine in Children.

Dr. Descroizilles says that incontinence of urine in children, although frequently of nervous origin, also often accompanies constitutional weakness, and that the strict application of hygienic and dietetic principles will frequently effect complete cure. He has tried various remedies, and states that he has found certain formulæ, of which the following are modifications, to be most efficacious:

℞ Extract of belladonna . . . 6 grains.
Powdered gum arabic,
Powdered marshmallow,
Of each a sufficient quantity.

M.—Make into forty pills. One to fifteen to be taken daily, according to the severity of the case.

℞ Syrup of belladonna . . . . . 2 fl. oz.
Syrup of tolu,
Syrup of marshmallow,
Of each 1 fl. oz.

M.—A half teaspoonful two or eight times a day.

℞ Atropine . . . . $\frac{1}{6}$ grain.
White sugar . . . . 3 drachms.

M.—Make into forty powders. Two to four to be taken daily.

℞ Bromide of potassium . . 1½ drachms.
Cinnamon water . . . . . . 2 fl. oz.
Syrup,
Syrup of bitter orange peel,
Of each 1 fl. oz.

M.—A half teaspoonful one to four times a day.

℞ Sulphate of strychnine . . . 2 grains.
Syrup . . . . 6 fl. oz.
Water . . . . 2 fl. dr.

M.—A half teaspoonful one to twenty times a day.

Bromide of potassium is also useful in four-grain doses, given one to four times a day.

Apomorphine a Safe Emetic.

Mr. John Brown writes to the *British Medical Journal* that apomorphine is a safe, certain, and quick emetic. In support of this statement he gives brief notes of ten cases in which he has employed it, and says that the average interval between the hypodermic injection and the emesis is about ten minutes. As a rule, the vomiting occurs only two or three times, at short intervals. The depression is only what might be expected after an ordinary vomiting. He declares that he has observed no case approaching fatal or even serious collapse. Only two of the patients were adults, the others being very young children; two of them were his own children. He has the greatest confidence in giving it hypodermically to any children who may require an emetic. In adults ordinary emetics usually succeed; not so in children. The cases reported in which collapse occurred were in adults. It may be that apomorphine may occasionally cause collapse in adults, yet be perfectly safe for children, being similar in this respect to the action of chloroform.

Malarial Paroxysms in the Fetus of a Healthy Woman.

In the *Edinburgh Medical Journal*, June, 1889, Dr. Felkin relates two cases in which he observed malarial paroxysms in the fetuses of healthy women. He suggests the rather striking explanation that the malarial poison was introduced in the semen of the diseased father at the time of conception of the fetus. In one of the two cases the mother, an English lady, more than eight months pregnant with her first child, consulted him for "pain and a curious sensation in her abdomen." She said she had had several such attacks during her pregnancy, but they had never been accompanied by pain. The attack was sudden. On palpating her abdomen Dr. Felkin distinctly felt the fetus shaking. The next night, and again the next, the same thing occurred at the same hour. On the fourth night he found her again in the same condition. Labor had set in, the head presenting at the dilated mouth of the womb. As the pains became feeble, and progress ceased, he put on the forceps, and easily delivered the head. The body was extracted with difficulty, on account of the great distension of the abdomen by an enlarged spleen. The child lived, and after seven attacks of ague—with cold, hot, and sweating stages—recovered health, the spleen returning to about its normal size. The mother of this child had never suffered from malaria in any form whatever, the father had experienced very severe intermittent and remittent ague attacks while living in a distant part of the country, and was suffering from them at the time of the conception of the child. In the second case, a Scotchwoman, seven and one-half months pregnant, was ill with pleursy and bronchitis, and the effects of a beating which her husband had given her. At one of Dr. Felkin's visits the nurse told him that she had suffered on the previous night from a "pain and fluttering in her abdomen like a bad quickening." Being called the evening of the same day at the same hour, he found her in a condition very like that observed in the former case. Two evenings later, after another similar paroxysm, labor set in, and the child was born before he could reach the house. Its abdomen was slightly enlarged. On the night after its birth it had a cold spell, with shivering, lasting half an hour, succeeded by a hot stage of two hours, and a stage of free perspiration. The temperature during the attack ran up to 102.6° F. On the second night after its birth it died in the cold stage of a similar paroxysm. On post-mortem examination the kidneys showed marked cloudy swelling in the epithlelium of the convoluted tubules, the nuclei of the cells continuing to stain while the surrounding protopasm was highly granular. The nuclei of the glomerular cells stained distinctly. In the liver many leucocytes were seen to contain very numerous fine granules of a dark brown color. The venous sinuses of the spleen were dilated. Dark pigment granules were observed in many of the leucocytes contained in the sinuses, as well as in the endothelial cells lining them, and in the cells of the surrounding connective tissue. The mother of the child had never suffered from ague. She had three healthy children by her husband. He then went abroad and contracted severe malarial fever. Ten months after his return a feeble child was born, which soon died. About a year later a second child was born, which was sickly and had an enlarged spleen. In these two pregnancies the mother had the same strange feelings like quickening. Dr. Felkin thinks that these cases show that malaria is a specific disease, due to a micro-organism, which may be transmitted by the father to his offspring, just as syphilis may be transmitted.—*New York Medical Record.*

The Inheritance of Insanity.

In an interesting lecture on Diseases of Faulty Habit in the *Lancet*, July 6, 1889, Dr. J. F. Goodhart says:

Take another case as an illustration of the value of this line of thought in the treatment of such moods. A young man came to me one day in a state of extreme mental depression. There was a very strong family history of insanity in his case; he had been working hard for an examination, and had become overwrought and depressed. In consequence, he was convinced that he was going out of his mind, as his relatives had done before him. What was to be done? To shrug one's shoulders and sympathize with him would be but a thinly veiled recommendation that in his leisure he should visit some of the surrounding lunatic asylums in order to see which looked the most comfortable and enjoyable. He must see through that in a second or two. I talked physiology to him instead. Admitting his facts, I could honestly minimize their meaning. I did not think so much of the family history as he did, not being a believer in a foreordained insanity for any one. Heredity does not count for nothing by any means, but lunacy in the family is no more than the gout that has been passed on by the unconscious good fellowship of a grandfather. Either is a thorn in the flesh which may buffet at any time if a man is not careful; but with care we may be in great measure the masters of our own destiny. A man with insanity in near relatives I regard as one who has a small amount of reserve capital at his bankers. But, as has been well said, it is just those whose capital is small who need to choose the best investments, and thus I said to my friend: "You can be a madman if you choose, or a sane man either, just as well as any one else. A madman a little more easily perhaps than some; a sane man by a little harder work or care. If you cherish the idea that you came into the world for the express purpose of becoming a lunatic, you will of a surety fulfil what you assume to be your mission. If, on the other hand, you realize that insanity is in a large measure the result of faulty education, of ill-regulated indulgence in the lazy license of freedom from the trammels of any laws of thought, and go and live your life in strict accord with that conviction, never overworking yourself, but giving your mind free play in as many healthful directions as possible, you need not fear." That may be some ten years ago. I have seen him several times since, and mentally he has never flagged. It is to my mind terrible to see this widespread horror of insanity. Even the most trustful and religious regard it in a way that, if they could only reason about it, they would see was the making it a matter of blind fate. A relative goes out of his mind, and henceforth his name is hardly mentioned as a member of the family, and the hospital in which he is placed—I do not like the word asylum,—so far as the family is concerned, might as well have been his grave. But a common-sense view of the pathology of insanity sees little that is dreadful save the wreck of mind. There is nothing more dreadful truly than the noisy improprieties and the vacant face of one who has been known to us when of intelligent mien. But, apart from this and from the special difficulties of management, there is nothing else in madness to excite our dread. For when we deduct the madness of accidental disease—that due to disease of the vessels, of the membranes of the brain, and so on,—that form of insanity which comes of faulty education, a local and preventable factor, assumes such a frequency and importance that hereditary tendencies are quite subordinate. Mind, I do not say they are unimportant—it must be allowed that occasionally they do apparently lead to a sudden explosion, even in such as have invested their brain-power well,—but that these cases are few, the others the many, I verily believe.

Treatment of Acute Eczema.

In a very practical paper in the *Practitioner*, July, 1889, Dr. D. Mackintosh, of London, says:

In the treatment of the acute stage of eczema two essentials must be reckoned with before we proceed to tackle the disease itself. The first of these is, that the patient must be instructed not to wash the eczematous parts, and this advice he must religiously observe. He will probably reply, "But I must wash sometimes." "Wash not at all," is the first commandment in eczema.

In eczema of the head and face the more essential parts to wash, such as the corners of the eyes and angles of the mouth, may be touched lightly with a small piece of soft sponge, made damp with cold water, and immediately dabbed dry. Warm and hot water should be discarded in the neighborhood of the eczematous skin. A patient suffering from eczema of the head and face only may of course sponge and wash his body with warm water as frequently as necessary. Coffee, strong tea, and alcoholic drinks should be forbidden.

The second essential is that the bowels be kept well open. In the case of children, gray powder, rhubarb, and bicarbonate of sodium, a grain of each, taken as required every second or third night, will answer every purpose; or gray powder and magnesia will do equally well. In adults saline medicines hold the first rank. The following is a useful combination:—

℞ Magnesii Sulphatis . . . . ʒ vj
Sodii Bicarbonatis . . . . ʒj
Infusum Gentianæ co. . . . . . ad ℥ vj
Sig. Take a sixth part three times a day before meals.

The sulphate of magnesium is far the best of all purgative medicines in eczema; but it must be taken at the proper time and in the proper quantity. The proper time is an hour before meals—preferably in the morning before breakfast, although it may be taken before any other meal with nearly equal benefit. The proper quantity is three drachms, dissolved in three parts of a tumblerful of cold water or soda water. Hot water does not materially help its action, and it makes the drug more nauseous. Three drachms of sulphate of magnesium dissolved in an ounce of chloroform water, followed by a cup of tea or beef-tea, can be swallowed almost without taste or inconvenience. A four- or five-grain blue pill taken at night, and the same draught next morning, has its advantages; or, what is perhaps better still where free purgation is desired, the following pill at bed-time, and the draught in the morning:—

℞ Ext. Colocynth. co. . . . . gr. iij
Pil. Hydrarg. . . . . gr. j
Ext. Hyoscyami . . . . gr. j
Ft. pil.

Where there is torpidity of the liver, a combination of cascara with nux vomica is equal, if not superior, to any other:—

℞ Ext. Cascaræ Sagradæ fld. . . . . f ʒ iijss
Tincturæ Nucis Vomicæ . . . . f ʒ j
Glycerini . . . . f ʒ iij
Infus. Gentianæ co. . . . q. s. ad f ℥ viij
Sig. Take one ounce every evening directly before dinner, or morning and evening if required.

Medicines such as arsenic and iodide of potassium given internally are of very little use. Of course gouty eczema must be suitably treated.

The great desideratum is the appropriate external treatment. I have been in the habit of prescribing an ointment which in most cases pretty nearly approaches the character of a specific:—

℞ Bismuthi Subnitratis . . . . . . ʒ iv
Zinci Oxidi . . . . ʒ j
Acidi Carbolici . . . . ʒ ss
Vaselini . . . . ℥ ij
Ft. ung.

Sometimes I vary the prescription into this form:—

℞ Bismuthi Subnitratis . . . . . . ʒ ij
Zinci Oxidi . . . . ʒ ss
Glycerini . . . . f ʒ jss
Acidi Carbolici . . . . ♏ xx
Vaselini . . . . ʒ vj
Ft. ung.

The latter ointment mixes into a beautiful enamel-like cream, which is cooling, and acts as a balm to the irritable skin.

When constant tingling and irritation disturb the patient's rest at night, I have found this lotion invaluable:—

℞ Bismuthi Subnitratis . . . . . . ʒ j
Glycerini . . . . f ʒ iv
Acidi Carbolici . . . . ♏ xij
Aq. Rosæ . . . . ad ℥ i
Sig. Shake up and apply with a camel's hair pencil.

During the day, when business has to be attended to, and the ointment cannot be applied, a powder will be found useful:—

℞ Cimolite,
Bismuthi Subnitratis,
Zinci Oxidi . . . . āā partes æquales.
Fiat pulvis.

In more chronic cases the famous *Unguentum Metallorum* still holds its own. It consists of

Unguenti Zinci,
" Plumbi acetatis,
" Hydrargyri nitratis, āā partes æquales.
Misce.

This ointment I occasionally vary by substituting white precipitate for the nitrate of mercury ointment.

Philadelphia Relief Fund for Johnstown.

The joint Committee on Johnstown Relief of the College of Physicians and the County Medical Society requests that all members of sub-committees, who have not yet made complete returns, should do so at once, and also send in their collection books for final settlement. The Committee desires to close its accounts not later than September 1st. Money and books should be sent to Dr. S. Solis-Cohen, Secretary, 219 South 17th Street.

NEWS.

—Dr. Sophia Fendler Unger, of New York city, was appointed Sanitary Inspector for the New York Board of Health for the months of July and August.

—A new and serious cattle disease, one of the effects of which is to leave the cattle blind, is said to have broken out in the vicinity of Lincoln, Nebraska.

—Typhoid fever is said to be on the increase in New York. The Bellevue Hospital authorities report, August 16, an unusually large number of patients suffering from this disease.

—It is reported, under date of August 22, that James Brennan, a leper, escaped the Sunday before from quarantine at St. Louis, where he was confined for fourteen months, and is at large in the city.

—Dr. Mary W. Case, of Troy, New York, died suddenly August nineteenth at Lansingburgh, from the accidental overdose of a drug taken for heart trouble. She was a graduate of the Woman's Medical College of Pennsylvania.

—Dr. B. Meade Bolton, who was formerly an assistant in pathology at the Johns Hopkins University, and lately connected with the University of South Carolina, has been appointed director in bacteriology at the Hoagland Laboratory in Brooklyn.

—The next meeting of the American Pædiatric Society will be held at the Army Museum Building, Washington, D. C., September 20 and 21, 1889. One of the afternoon meetings will be held in the Johns Hopkins Hospital, Baltimore, Md., by invitation of the Director of the Hospital.

—Another charge of cruel treatment has been brought against the management of a hospital for the insane. This time it is the State Hospital at Dixmont, Pa. The statements made concern the treatment of a woman, whose sister says she was severely beaten and placed in a straight jacket for displeasing a keeper.

—A despatch from Albuquerque, New Mexico, August 18, says that a Mexican boy was bitten by a mad wolf in the San Dias Mountains and died in great agony. He and his elder brother were playing near the house, when the wolf attacked them, lacerating their faces and hands. It is feared the other boy will die.

—Dr. D. D. Richardson, formerly superintendent of the Blockley Insane Hospital, Philadelphia, and of the Pennsylvania State Insane Asylum at Warren, was on August

15, elected medical superintendent of the Delaware State Hospital for the Insane at Farnhurst, near Wilmington. He will take charge on September 1.

—Dr. J. J. Shanks has resigned the superintendency of the Kings County Asylum (N. Y.), on account of ill health from malarial causes. The Branch Asylum at St. Johnland, L. I., also loses, by resignation, the services of Dr. D. A. Harrison, lately resident physician. Dr. Harrison has been invited to take charge of a State Asylum in Delaware.

—The award of the Parkes Triennial Prize, founded in honor of the late Professor Parkes, was made in London recently. The subject for competition was Yellow Fever; its causation and prevention. The prize was secured by Surgeon Firth of the Army staff. Its value is one hundred pounds and a gold medal. The competition is limited to medical officers in active service.

—Miss Kate Corey, M. D., a graduate of the University of Michigan, has recently been admitted to honorary membership in the Indiana Medical Society, the first time, it is stated, this recognition has been extended there to a woman. Dr. Corey has been for four years the principal surgeon in charge of a hospital at Foochow, China, and has, it was stated in the convention, performed almost every surgical operation known.

—Dr. Harvey E. Brown, Major and Surgeon, U. S. A., died August 22, at Jefferson Barracks, near New Orleans. He was a son of Colonel Harvey Brown, of the 5th Artillery. Graduating at the University of New York, he entered the army as surgeon in 1861, and rendered notable service. He was in charge of army medicine in the epidemic of 1867 at New Orleans, and served at intervals at Jackson Barracks for twenty-two years.

—Dr. Henry C. Fithian, a native of Bridgeton, N. J., and for nine years a practicing physician at Port Norris, committed suicide August 22, 1889. Dr. Fithian was graduated from the University of Pennsylvania 1877, and settled at Scotch Plains, near Plainfield, where he had built up a large and lucrative practice, married and removed to Port Norris. He shot himself through the head, while delirious, in an attack of acute gastritis. He had been ill for several months, and it is thought his mind had become seriously impaired by hard work and worry.

HUMOR.

A Newark detective spotted a man who was acting mysteriously. The detective has discovered something since—that the man had the measles, and he is now spotted himself.

Sympathetic. — Cook—"Shure, mum, your pet bulldog's just after bitin' th' lig most off av the butcher boy!" Mistress—Dear, dear! How dreadfully annoying. I do hope he was a clean boy, Mary."

Health Item.—Snaggs—"I notice by the morning *Office Cat* that Sam Lung and On Lung, Mott street Chinamen, were arrested yesterday and fined $10 for running an opium joint."

Jaggs—"It appears, then, that opium smoking, besides being injurious to the nervous system, is also bad for the Lungs."—*Drake's Magazine.*

A Literal Interpretation. — Miss Greene (just returned from a Western tour)—"Oh, Mr. Noddy, we had a most delightful trip! The Yellowstone Park was beautiful, and the sunrise which I saw there was simply grand!"

Mr. Noddy—"Yaas? But—aw—excuse me—but I wasn't aware that the sun ever rose in the West."—*Harper's Bazar.*

A Close Shave.—"Hair cut, sir?"

"No, only a shave."

"Bay rum, sir? Your face looks a little rough."

"Yes, you shaved me last week. Have I my choice of liquids?"

"Certainly, sir."

"Then give me a little chloroform before you begin, please."—*Chicago Ledger.*

OBITUARY.

DR. ALEXANDER B. MOTT.

Dr. Alexander Brown Mott, the well-known surgeon and physician, of New York, died at his farm, at Yonkers, August 12, 1889, of pneumonia.

Dr. Mott was in the sixty-fourth year of his age. He was one of the founders of Bellevue Medical College, and held the chair of Professor of Surgical Anatomy from the opening of the college in 1851 until 1872. During the rebellion Dr. Mott took quite a prominent part in the surgical service, and gained considerable distinction. He was mustered out of service July 27, 1865, with the brevet rank of Colonel.

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CLINICAL LECTURE.

SEXUAL PERVERSION, SATYRIASIS AND NYMPHOMANIA.[1]

BY G. FRANK LYDSTON, M. D.,

CHICAGO.

Gentlemen: The subject of sexual perversion, *Contrare Sexualempfindung*, although a disagreeable one for discussion, is one well worthy the attention of the scientific physician, and is of great importance in its social, medical, and legal relations.[2]

The subject has been until a recent date studied solely from the standpoint of the moralist, and from the indisposition of the scientific physician to study the subject, the unfortunate class of individuals who are characterized by perverted sexuality have been viewed in the light of their moral responsibility rather than as the victims of a physical and incidentally of a mental defect. It is certainly much less humiliating to us as atoms of the social fabric to be able to attribute the degradation of these poor unfortunates to a physical cause, than to a wilful viciousness over which they have, or ought to have, volitional control. Even to the moralist there should be much satisfaction in the thought that a large class of sexual perverts are physically abnormal rather than morally leprous. It is often difficult to draw the line of demarcation between physical and moral perversion. Indeed, the one is so often dependent upon the other that it is doubtful whether it were wise to attempt the distinction in many instances. But this does not affect the cogency of the argument that the sexual pervert is generally a physical aberration—*a lusus naturæ.*

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[1] Delivered at the College of Physicians and Surgeons, Chicago, Illinois.

[2] In a recent article, Dr. J. G. Kiernan, of Chicago, in discussing the hypothetical dependence of the Whitechapel murders upon sexual perversion, says: "The present subject may seem to trench on the 'prurient,' which in medicine does not exist, since 'science, like fire, purifies everything,' and what Macauley calls 'the mightiest of human instincts' is too intimately related to the physical basis of human weal and woe for any physician prudishly to ignore any of its phases."

Krafft-Ebing[1] expresses himself upon this point as follows: "In former years I considered *contrare Sexualempfindung* as a result of neuro-psychical degeneration, and I believe that this view is warranted by more recent investigations. As we study into the abnormal and diseased conditions from which this malady results, the ideas of horror and criminality connected with it disappear, and there arises in our minds the sense of duty to investigate what at first sight seems so repulsive, and to distinguish, if may be, between a perversion of natural instincts which is the result of disease, and the criminal offences of a perverted mind against the laws of morality and social decency. By so doing the investigations of science will become the means of rescuing the honor and re-establishing the social position (sic) of many an unfortunate whom unthinking prejudice and ignorance would class among depraved criminals. It would not be the first time that science has rendered a service to justice and to society by teaching that what seem to be immoral conditions and actions are but the results of disease."

There is in every community of any size a colony of male sexual perverts; they are usually known to each other, and are likely to congregate together. At times they operate in accordance with some definite and concerted plan in quest of subjects wherewith to gratify their abnormal sexual impulses. Often they are characterized by effeminacy of voice, dress, and manner. In a general way, their physique is apt to be inferior—a defective physical make-up being quite general among them, although exceptions to this rule are numerous.

Sexual perversion is more frequent in the male; women usually fall into perverted sexual habits for the purpose of pandering to the depraved tastes of their patrons rather than from instinctive impulses. Exceptions to this rule are occasionally seen. For example, I know of an instance of a woman of perfect physique, who is not a professional prostitute, but moves in good society, who has a fondness for women, being never attracted to men for the purpose of ordinary sexual indulgence, but for perverted methods. The physician rarely has his attention called to these things, and when evidence of their existence is placed before him, he is apt to receive it with skepticism. He regards the subject as something verging on Münchausenism, or if the matter seem at all credible he sets it aside as something unholy with which he is not or should not be concerned. It is indeed not to be wondered at that the doctor, who sees so much to disgust him with the human animal, should be reluctant to add to his store of contempt. The man about town is very often *au fait* in these matters and can give very valuable information. Indeed, witnesses enough can be found to convince the most skeptical.

Sexual perversion may be best defined in a general way as the possession of impulses to sexual gratification in an abnormal manner, with a partial or complete apathy toward the normal method.

The affection presents itself in several forms, which may be tabulated as follows:

I. Congenital, and perhaps hereditary sexual perversion.	*a.* Sexual perversion without defect of structure of sexual organs.
	b. Sexual perversion with defect of genital structure, *e. g.*, hermaphroditism.
	c. Sexual perversion with obvious defect of cerebral development, *e. g.*, idiocy.
II. Acquired sexual perversion.	*a.* Sexual perversion from pregnancy, the menopause, ovarian disease, hysteria, etc.
	b. Sexual perversion from acquired cerebral disease, with or without recognized insanity.
	c. Sexual perversion (?) from vice.
	d. Sexual perversion from over stimulation of the nerves of sexual sensibility and the receptive sexual centres, incidental to sexual excesses and masturbation.

As regards the clinical manifestations of the disease, sexual perverts may be classified as: (*a*) Those having a predilection (affinity) for their own sex; (*b*) those having a predilection for abnormal methods of gratification with the opposite sex; (*c*) those affected with bestiality. Instances of all these different varieties have been observed.

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[1] Journ. Psychiatry and Neurology, Vol. IX, No. 4, p. 565.

The Precise Causes of sexual perversion are obscure. The explanation of the phenomenon is in a general way much more definite. *Just as we may have variations of physical form, and of mental attributes, in general, so we may have variations and perversions of that intangible entity: sexual affinity.* In some cases, perhaps, sexual differentiation has been imperfect, and there is a reversion of type; as Kiernan remarks:[1] "The original bi-sexuality of the ancestors of the race, shown in the rudimentary female organs of the male, could not fail to occasion functional, if not organic, reversions when mental or physical manifestations were interfered with by disease or congenital defect. The inhibitions on excessive action to accomplish a given purpose, which the race has acquired through centuries of evolution, being removed, the animal in man springs to the surface. Removal of these inhibitions produces, among other results, sexual perversions."

Reasoning back to cell life we see many variations of sexual affinity and the function of reproduction, between the primal segmentation of the cell—the lowest type of procreative action—and that complete and perfect differentiation of the sexes which requires a definite act of sexual congress as a manifestation of the acme of sexual affinity, and for the purpose of reproduction. *The variations in the methods of sexual gratification—or to attribute it to instinct, of perpetuating the species,—which are presented to the student of natural history, are numerous and striking.* It is not my intention, however, to give this matter more than passing notice. The method of sexual gratification—*i. e.*, procreation—of fishes, is a curious phenomenon. It is difficult to appreciate the sexual gratification involved in the deposition of the milt of the male fish upon the spawn of the female, yet that the so-called instinctive act of the male is unattended by gratification is improbable. Indeed, it is an argument as applicable to the lower animals as to man, that, were the act of procreation divested of its pleasurable features, the species would speedily become extinct; for the act of procreation *per se* is possessed of no features of attractiveness, but of many that are repulsive and in themselves productive of discomfort.

It is puzzling to the healthy man and woman, to understand how the practices of the sexual pervert can afford gratification. If considered in the light of reversion of type, however, the subject is much less perplexing. That mal-development, or arrested development, of the sexual organs should be associated with sexual perversion is not at all surprising; and the more nearly the individual approximates the type of fetal development which exists prior to the commencement of sexual differentiation, the more marked is the aberrance of sexuality.

There is one element in the study of sexual perversion that deserves especial attention. It is probable that few bodily attributes are more readily transmitted to posterity than peculiarities of sexual physiology. The offspring of the abnormally carnal individual is likely to be possessed of the same inordinate sexual appetite that characterizes the parent. The child of vice has within it, in many instances, the germ of vicious impulse, and no purifying influence can save it from following its own inherent inclinations. Men and women who seek, from mere satiety, variations of the normal method of sexual gratification, stamp their nervous systems with a malign influence which in the next generation may present itself as true sexual perversion. Acquired sexual perversion in one generation may be a true constitutional and irradicable vice in the next, and this independently of gross physical aberrations. Carelessness on the part of parents is responsible for some cases of acquired sexual perversion. Boys who are allowed to associate intimately, are apt to turn their inventive genius to account by inventing novel means of sexual stimulation, with the result of ever after diminishing the natural sexual appetite. Any powerful impression made upon the sexual system at or near puberty, when the sexual apparatus is just maturing and very active, although as yet weak and impressionable, is apt to leave an imprint in the form of sexual peculiarities that will haunt the patient throughout his after life. Sexual congress at an early period, often leaves its impression in a similar manner. Many an individual has had reason to regret the indulgences of his youth because of its moral effect upon his after life. The impression made upon him in the height of his youthful sensibility is never eradicated, but remains in his memory as his ideal of sexual matters; for—if you will pardon the metaphor—there is a physical as well as an intellectual memory. As he grows older and less impressionable, he seeks vainly for an experience similar to that of his youth, and so joins the ranks of the sexual monomaniacs, who vainly chase the Will-o'-the-wisp: sexual gratification, all their lives. Variations of circumstance may determine sexual perversion rather than abnormally powerful desire. Let the physician who has the confidence of his patients inquire into this matter, and he will be surprised at the result. Only a short time since, one of my patients, a man of exceptional intellect, volunteered a similar explanation for his own excesses. Satiety also brings in its train a deterioration of normal sexual sensibility, with an increase, if anything, in the sexual appetite. As a result, the deluded and unfortunate being seeks for new and varied means of gratification, often degrading in the extreme. Add to this condition, intemperance or disease, and the individual may become the lowest type of sexual pervert. As Hammond concisely puts it, regarding one of the most disgusting forms of sexual perversion: "Pederasty is generally a vice resorted to by debauchees who exhaust the resources of the normal stimulus of the sexual act, and who for a while find in this new procedure the pleasure which they can no longer obtain from intercourse with women."

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[1] Medical Standard, November, 1888.

When the differentiation of sex is complete from a gross physical standpoint, it is still possible that the receptive and generative centres of sexual sensibility may fail to become perfectly differentiated. The result under such circumstances might be, upon the one hand, sexual apathy, and upon the other, an approximation to the female or male type, as the case may be. Such a failure of development and imperfect differentiation of structure, would necessarily be too occult for discovery by any physical means at our command. It is, however, but too readily recognized by its results.

There exists in every great city so large a number of sexual perverts, that seemingly their depraved tastes have been commercially appreciated by the *demi-monde*. This has resulted in the formation of establishments whose principal business it is to cater to the perverted sexual tastes of a numerous class of patrons. Were the names and social positions of these patrons made public in the case of our own city, society would be regaled with something fully as disgusting, and coming much nearer home, than the *Pall Mall Gazette* exposures.

The individuals alluded to would undoubtedly resent the appellation of "sexual pervert;" but, nevertheless, in many instances they present the disease in its most inexcusable form: that from vicious impulse. Personally, I fail to see any difference, from a moral standpoint, between the individual who is gratified sexually only by oral masturbation performed by the opposite sex, and those unfortunate mortals whose passions can be gratified only by performing the active role in the same disgusting performance. One is to be pitied for his constitutional fault; the other to be despised for his deliberately acquired debasement. In the case of the professional prostitute who panders to the depraved sexual tastes of certain male specimens of the *genus homo*, she has, at least, the questionable excuse of commercial instinct, and in some cases the more valid one of essential sexual perversion. These excuses the majority of her patrons certainly do not have.

An interesting theory, bearing upon the question of sexual perversion in its relations to evolutionary reversion, is advanced by Professor S. V. Clevenger.[1] This is well worthy of repetition and I will therefore quote it verbatim: "A paper on Researches into the Life History of the Monads, by W. H. Dallinger, F. R. M. S., and J. Drysdale, M. D., was read before the Royal Microscopical Society, Dec. 3, 1873, wherein fission of the monad was described as being preceded by the absorption of one form by another. One monad would fix on the sarcode of another, and the substance of the lesser or under one would pass into the upper one. In about two hours the merest trace of the lower one was left, and in four hours fission and multiplication of the larger monad began. A full description of this interesting phenomenon may be found in the *Monthly Microscopical Journal* (London), for October, 1877. Professor Leidy has asserted that the amœba is a cannibal, whereupon Mr. Michels, in the *American Journal of Microscopy*, July, 1877, calls attention to Dallinger and Drysdale's contribution, and draws therefrom the inference that each cannibalistic act of the amœba is a reproductive, or copulative one, if the term is admissible. The editor (Dr. Henry Lawson) of the English journal agrees with Michels."

"Among the numerous speculations upon

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[1] Physiology and Psychology, 1885.

the origin of the sexual appetite, such as Maudsley's altruistic conclusion, which always seemed to me to be far-fetched, I have encountered none that referred its derivation to hunger. At first glance such a suggestion seems ludicrous enough; but a little consideration will show that in thus fusing two desires, we have still to get at the meaning and derivation of the primary one—desire for food. The cannibalistic amœba may, as Dallinger's monad certainly does, impregnate itself by eating one of its own kind, and we have innumerable instances, among algæ and protozoa, of this sexual fusion appearing very much like ingestion. Crabs have been seen to confuse the two desires by actually eating portions of each other while copulating; and in a recent number of the *Scientific American*, a Texan details the *mantis religiosa* female eating off the head of the male mantis during conjugation. Some of the female *arachnidæ* find it necessary to finish the marital repast by devouring the male, who tries to scamper away from his fate. The bitings and even the embrace of the higher animals appears to have reference to this derivation. It is a physiological fact that association often transfers an instinct in an apparently outrageous manner. With quadrupeds it is most clearly olfaction that is most related to sexual desire and its reflexes; but not so in man. Ferrier diligently searches the region of the temporal lobe near its connection with the olfactory nerve for the seat of sexuality, but with the diminished importance of the smelling sense in man the faculty of sight has grown to vicariate olfaction; certainly the 'lust of the eyes' is greater than that of other special sense organs among Bimana."

"In all animal life multiplication proceeds from growth, and until a certain stage of growth, puberty, is reached, reproduction does not occur. The complementary nature of growth and reproduction is observable in the large size attained by some animals after castration. Could we stop the division of an amœba, a comparable increase in size would be effected. The grotesqueness of these views is due to their novelty, not to their being unjustifiable. While it must thus seem apparent that a primeval origin for both ingestive and sexual desire existed, and that each is a true hunger, the one being repressible and in higher animal life being subjected to more control than the other, the question then presents itself: What is hunger? It requires but little reflection to convince us of its potency in determining the destiny of nations and individuals and what a stimulus it is in animated creation. It seems likely that it has its origin in the atomic affinities of inanimate nature, a view monistic enough to please Haeckel and Tyndall."

Dr. Spitzka,[1] in commenting on the foregoing, says: "There are some observations made by alienists which strongly tend to confirm Dr. Clevenger's theory. It is well known that, under pathological circumstances, relations, obliterated in higher development and absent in health, return and simulate conditions found in lower, and even in primitive forms. An instance of this is the pica, or morbid appetite of pregnant women and hysterical girls for chalk, slate pencils and other articles of an earthy nature. To some extent this has been claimed to constitute a sort of reversion to the oviparous ancestry, which, like the birds of our day, sought the calcareous material required for the shell structure in their food. There are forms of mental perversion properly classed under the head of the degenerative mental states with which a close relation between the hunger appetite and sexual appetite becomes manifest. Under the heading '*Wollust, Mordlust, Anthropophagie*,' Krafft-Ebing describes a form of sexual perversion where the sufferer fails to find gratification unless he or she can bite, eat, murder or mutilate the mate. He refers to the old Hindoo myth: Civa and Durga, as showing that such observations in the sexual sphere were not unknown to the ancient races. He gives an instance where, after the act, the ravisher butchered his victim and would have eaten a piece of the viscera; another where the criminal drank the blood and ate the heart; still another, where certain parts of the body were cooked and eaten."[2] *Nature* (London), commenting on my article, quotes Ovid: "*Mulieres in coitu nonnemque genas cervicemque maris mordunt.*" Illustrations of the varying types of sexual perversion are of late years finding their way into literature. A very interesting series of cases is related by Professor von Krafft-Ebing. Journal of Neurology and Psychiatry.

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[1] *Science*, June 25, 1881.

[2] Ueber gewisse Anomalien des Geschlechtstriebes. Von Krafft-Ebing, Archiv für Psychiatrie, VII. It is unnecessary to call attention to the logic of Dr. Kiernan's deductions from the above as applied to the Whitechapel horrors. ("Sexual Perversion and the Whitechapel Murders." Dr. J. G. Kiernan, *Medical Standard*, November, 1888.)

Hammond, quoting from Tardieu,[1] chronicles the following interesting points with regard to one form of sexual perversion: "I do not pretend to explain that which is incomprehensible, and thus to penetrate into the causes of pederasty. We can nevertheless ask if there is not something else in this vice than a moral perversion, than one of the forms of *psychopathia sexualis*, of which Kaan has traced the history. Unbridled debauchery, exhausted sensuality, can alone account for pederastic habits as they exist in married men, and fathers of families, and reconcile with the desire for women the existence of these impulses to unnatural acts. We can form some idea on the subject from a perusal of the writings of pederasts containing the expression of their depraved passions. Casper has had in his possession a journal in which a man, member of an old family, had recorded, day by day, and for several years, his adventures, his passions, and his feelings. In this diary he had, with unexampled cynicism, avowed his shameful habits, which had extended through more than thirty years, and which had succeeded to an ardent love for the other sex. He had been initiated into these new pleasures by a procuress, and the description which he gives of his feelings is startling in its intensity. The pen refuses to write of the orgies depicted in this journal, or to repeat the names which he gave to the objects of his love."

"I have had frequent occasion to read the correspondence of known pederasts and have found them applying to each other, under the forms of the most passionate language, idealistic names which legitimately belong to the diction of the truest and most ardent love. But it is difficult not to admit the existence in some cases of a real pathological alteration of the moral faculties. When we witness the profound degradation, the revolting salacity of the individuals, who seek for and admit to their disgusting favors men who are gifted both with education and fortune, we might well be tempted to think that their sensations and reason are altered, but we can entertain no doubt on the subject, when we call to mind facts such as those I have had related to me by a magistrate, who has displayed both ability and energy in the pursuit of pederasts. One of these men, who had fallen from a high position, to one of the lowest depravity, gathered about him the dirty children of the streets, knelt before them and kissed their feet with passionate submission before asking them to yield themselves to his infamous propositions. Another experienced singularly voluptuous sensations by having a vile wretch administer violent kicks on his gluteal region. What other idea can we entertain of such horrors, than that those guilty of them are actuated by the most pitiable and shameful insanity?"

[TO BE CONCLUDED.]

COMMUNICATIONS.

DELUSIONS IN EYE SURGERY.[1]

BY JOHN B. ROBERTS, M. D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE PHILADELPHIA POLYCLINIC, LECTURER ON ANATOMY IN THE UNIVERSITY OF PENNSYLVANIA.

To bring before you in an interesting manner topics of practical value, relating to surgery, is a much more onerous obligation than to confine my remarks to the constitutional limit of thirty minutes. The ever increasing weariness of his audience must compel every observant speaker to fulfil the latter obligation; but in meeting the other duty he has no aid from his hearers, who sit complaisantly waiting for the new and valuable, often never given them. I can do no better perhaps on this occasion than give my personal views on some of the subjects constantly brought to my attention by daily routine work. Since much of my time is occupied in that branch of surgery which pertains to diseases of the eye, and as there is no special Address in Ophthalmology this year I have thought it not improper to touch, to-day, upon "Delusions in Eye Surgery," which may be looked upon as a sort of supplement to a former address on "Delusions in General Surgery."

Ophthalmoscope.—It is a very erroneous idea that no one need acquire a knowledge of ophthalmoscopy except that man who expects to limit his practice to diseases of the eye. My own experience in discovering unsuspected Bright's disease and basal disease of the brain, and above all in proving the probable absence of these and similar conditions by an examination of the ocular fundus, makes me feel sure that the graduate ignorant of the use of the ophthalmoscope is seriously handicapped in the race for professional success and income.

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[1] "Sur les attentats aux mœurs." Paris, 1858, p. 125.

[1] Address in Surgery of the Medical Society of the State of Pennsylvania, for 1889.

A cheap instrument and an ordinary lamp, or even a candle, are all that is needed; provided the observer have a little practical experience in the use of the ophthalmoscope itself. If a good Argand burner or lamp is used, it is not even necessary to have a dark room. I seldom shut the daylight out of my office in examining the retina and intra-ocular structures; and when I draw the curtain over the skylight it is never so dark as to interfere with my seeing every object in the room. The room with blackened walls, from which every ray of outside light and every breath of fresh air is excluded, such as those in which many of us have studied ophthalmoscopy, is entirely unnecessary for the practical work of the consultation room; though it is at times needed for interesting theoretical studies. It is thus seen that no paraphernalia are needed for practical ophthalmoscopic work; while the ophthalmoscope itself is almost as necessary for the satisfactory practice of surgery as is the clinical thermometer.

Refractive Errors.—The correction of refractive errors by retinoscopy, or other ophthalmoscopic methods is delusive. The observer may, I admit, reach a result which is valuable in very young children and helplessly ignorant adults, because the more accurate examination by means of test lenses and test letters is then unavailable; but for accuracy of result the examination by test lenses is unsurpassed.

The attempt to correct astigmatism and hypermetropia without paralyzing the accommodation muscle with atropine, or other mydriatic, is even more delusive and uncertain. I have more than once seen hypermetropes wearing concave glasses given by oculists who had mistaken a spasm of accommodation for near-sightedness. This error would never have been committed by such learned ophthalmologists, if they had not attempted the impossible. My case book shows many long-sighted persons who on first examination seemed to require a concave lens, but whose apparent near-sightedness soon became a long-sightedness under the use of atropia or homatropine.

Such patients when reading may even hold the book close to their eyes, thus assuming the very pose of a myope. To prescribe the spectacle lens thus indicated would be to give at once better vision, perhaps; but future aggravation of symptoms must be the result of such malpractice.

In adults approaching the senile period atropine must be employed with caution, as it may in rare instances induce glaucoma and cause dangerous inflammatory symptoms. Fortunately patients at this age have less focusing power in the ciliary muscle, and seldom require mydriatics in determination of the refractive condition.

Another popular delusion with which I often have to contend and which medical men frequently share with the laity, is that a myopic or near-sighted eye is a strong eye. Patients fear blindness because of the pain and nervous symptoms associated with hyperopia or long sight, but consider near-sightedness a mere disadvantage in vision compensated for by the supposed strength of a near-sighted eye. Nothing can be further from the truth than this opinion. Hypermetropic eyes do not become blind; but myopic eyes may from choroidal, sclerotic and retinal changes. Progressive myopia of a dangerous type is fortunately not excessively frequent, but its power of destroying vision is well known to oculists. This delusion as to the harmlessness of myopia deters many from early consultation with the ophthalmologist, whereby precious time is often lost and changes allowed to become established that might have been prevented by rational treatment.

Again, it is often difficult to convince persons that the wearing of correcting lenses is a therapeutic or prosthetic measure. They argue that to begin the use of spectacles is deleterious because thereafter the patient cannot see without them; forgetting that while in some cases the necessity for their use is temporary, in others it is continuous because of the pathological condition of the eye. As the orthopædic surgeon prescribes crutches, braces, or high sole shoes, sometimes as a means of cure, sometimes as an adjuvant to an irremediable condition; so the ophthalmic surgeon uses his prisms and his cylindrical and spherical lenses. It is astonishing too how many intelligent persons believe that any defective sight, less than total blindness, ought to be relieved by spectacles. To speak of a man being partially blind when the exterior of the eye shows no blemish seems to them a falsehood; and they expect lenses to correct the so-called "near sight."

Many physicians seem unfamiliar with the fact that a tilted head or half closed eye is frequently not an affection but an indication of astigmatism or other refractive defect. The unusual pose or grimace in such cases is due to the effort to see distinctly and is readily curable by suitable spectacles.

Strabismus.—An ophthalmic delusion resulting in disastrous consequences to vision is the belief that strabismus, or cross eyes, occurs in young children as a result of imitation of a strabismic companion or attendant. As a result of this erroneous belief the child is reprimanded and intelligent medical skill neglected. The muscular deviation at last becomes constant, or so marked, that the parents are driven to consult an oculist. Then they hear to their surprise that the deformity is due to a congenital optical defect in the eye; and are told that the visual power of the defective organ has been by delay hopelessly lost. The disfiguring deviation can be rectified by operation to be sure, but the eye remains a partially blind one during the remainder of life. All should be familiar with the connection between hypermetropia and strabismus, and should teach every parent that cross eyes always need immediate attention from a skilled oculist.

Silver Nitrate.—The erroneous belief that silver nitrate is a panacea for sore eyes has caused loss of vision to many persons. It is seemingly used by some physicians in all ocular inflammations without an attempt at diagnosis. Every ophthalmologist of experience has seen irremediable blindness from complete circular adhesion of the iris to the anterior capsule of the lens, because the attending physician failed to recognize a syphilitic iritis. The latter has dropped solution of silver nitrate or other astringent into the eye, thinking he had inflammation of the conjunctiva to deal with; and thus has permitted plastic material to glue the iris and lens together as a result of the iritic inflammation. It should be known to all medical men that silver nitrate, though a good remedy in conjunctival disease, can, even in that case, be readily substituted by other remedies and that its use in iritis is malpractice. It would be better if the general practitioner never prescribed silver nitrate for any ocular inflammation; since even in conjunctivitis it may do harm by staining the tissues if used for too long a period.

Atropine.—It is much safer to use a four grain solution of atropine whenever there is doubt as to the character of the inflammation than to use silver nitrate or any other astringent solution. If the case is one of iritis the atropine will prevent inflammatory adhesion, if used early enough and in sufficient strength; if conjunctivitis or inflammation of the cornea exists the atropine will not do harm. It is only in patients with a tendency to glaucoma that the use of atropine is to be feared. As these patients are comparatively few and usually of advanced life the danger of harm being done by erroneous diagnosis is not very great. Under forty years atropine can scarcely ever do harm; and above that age only seldom.

Scarification.—Silver nitrate has been the cause of much indirect harm because of the belief that it is indicated in all ocular inflammations. I seldom use it, even in conjunctivitis, except in the purulent form of that disease. I believe it equally true that many professed ophthalmologists have a delusive fear of scarification in conjunctival engorgement and inflammation, and use instead various astringent remedies much less effectual in effecting a speedy cure. The immediate ease often given to my patients by free superficial scarification of the swollen and angry looking conjunctiva, and the rapid return to health resulting from its daily or bi-weekly repetition convince me of its great value in both acute and chronic inflammation of this mucous tissue. I supplement this treatment by hot water bathing and astringent eye-washes used at home.

Foreign Bodies.—A curious popular delusion it is which teaches that a particle of dust or cinder blown into an eye by the wind may best be removed by rubbing the uninjured eye. Many have found by experience that rubbing the unaffected eye is quickly followed by relief of pain in, and rapid recovery of, the other eye; while rubbing the organ into which the sharp particle has blown usually results in increased pain and discomfort. This apparent proof by experience is negatived by the experience of those who rub neither eye, but simply wait with the injured eye quietly closed, until the tears wash out the offending mote. This is the philosophy of the cure. If the eye is rubbed, the sharp edged particle is embedded by pressure in the conjunctiva or cornea, and cannot be removed by the flow of tears due to the irritation of its contact. If the patient, however, will content himself with simply closing his eyelids with the eyes rolled downward, the flow of tears will in a few moments carry the little particle of dust outside of the conjunctival sac. Hence it is that while he occupies his meddlesome fingers with rubbing the well eye, he allows the painful eye to cure itself by physiological therapeusis.

Cataract Extraction.—There are some curious delusions, or superstitions I may almost call them, about the extraction of cataract. Some operators never use a knife for the corneal incision after it has been once previously used for that purpose. If there is no one in his vicinity who can put a keen edge and point on the knife, and the surgeon is unable to do so himself, I can understand his need to send cutting instruments to a metropolis occasionally; but I fail to perceive how a single corneal incision can so dull a knife as to require its retirement from further service. I have used the same edge time and again for several operations of this kind; and am constantly using resharpened knives which have done duty in my own and other hands for many years.

Success in all branches of surgery depends much more on dexterity of the fingers than the newness of the knife. A good surgeon should be able to put a creditable edge on his own knives; though in the case of the delicate knives of eye surgery this is hardly to be expected.

For years the dressing and after treatment of cataract extraction has been most abominable and unreasonable. After operation on even a single eye, both eyes have been so bundled up with cotton and bandages that the unhappy patient has been kept in absolute blindness for two weeks or more; the tears and secretions from the wounded organ dammed up within the lids, and the cutaneous surface of the lids and cheeks macerated with what secretion succeeded in passing the barrier of the closed and compressed eyelids. In addition the patient was often kept in an absolutely dark room through whose closed windows and doors a breath of fresh air could scarcely enter.

Is it strange that severe conjunctivitis, keratitis, or iritis was often found when the surgeon removed the heating dressings to take a timorous and momentary glance at the offended organ?

Recently light has dawned upon such mistaken and traditional surgery; and many ophthalmic operators have come to adopt methods similar to those which I was taught by Levis some fifteen years ago and which I have always followed in every cataract I have ever operated upon. The fact that he in his most extensive practice had seldom ever a failure from causes due to the operation or treatment, and that I in a less number of years' experience have had results not much inferior to his prove to me at least the advantage of simply closing the eyes with half ellipses of adhesive plaster applied to the upper lid. This is done in such a manner as to allow the secretions to drain away constantly and permit the frequent installation of atrophia without disturbing the dressing.

I am convinced also that it is a delusion to compel patients to wait a long time for spontaneous ripening of senile cataract, when the vision of both eyes is already so defective that business or pleasure is seriously interfered with. I have, I believe, hastened ripening of the cataract in such a condition by preliminary iridectomy and massage of the anterior capsule; and I have within a few weeks in another instance certainly hastened cure by extracting the lens while not fully ripe. As the patient on the twenty-ninth day after operation had, with correcting lens, vision equal to $\frac{6}{\text{VIII}}$, which is nearly perfect vision, the success of the operation on the still unmatured cataract cannot be questioned. Such an excellent result at so early a date is seldom equalled in operations on fully ripened cataracts; and is the more surprising here because the man, who went about the room after the first day, had not only a fall during convalescence but also a severe attack of malarial neuralgia, which kept him in bed for several days during the latter part of that period.

Glaucoma.—An appalling delusion is that which mistakes glaucoma, a very serious disease of the eye, for neuralgia of the brow. All physicians should recollect that pain about the brow, coming on in paroxysms and associated with deterioration of vision, may be a symptom of glaucoma; and that glaucoma, whether acute or chronic, goes on to total destruction of vision. The blindness may be complete in a few days or hours in acute glaucoma; or may not amount to absolute loss of vision until months or years have elapsed in chronic glaucoma. The neuralgic pain of glaucoma is more apt to be felt down the side of the nose than is the pain of supra-orbital neuralgia. At least this seems to me to be a clinical fact. No absolute diagnosis is possible without ophthalmoscopic examination; but the character of the pain, the impaired vision which by the way improves between the paroxysms of pain, the colored halo when the patient looks at a candle flame, and the insensitiveness of the cornea when touched with the end of a piece of thread are good rational indications of the imminent danger. Glaucoma should always be suspected when such conditions, or several of such symptoms, are present.

Artificial Eyes.—There is a curious belief in regard to artificial eyes, which pertains however to manufacturers of glass eyes rather than to the surgeons who insert them. It is that the upper edge of the glass shell must have a notch in it to correspond with the elevation made by the pulley-like attachment of the superior oblique tendon. The truth is that no such notch is needed and that glass eyes made, as it is supposed, to fit into the left orbit frequently do better for the right orbit; and that on the other hand right eyes of glass are often the best for the left orbit. I never attempt even to keep my large stock of glass eyes separated into "rights" and "lefts," but have them promiscuously arranged except as to color. Whether the notched edge goes up or down makes no difference. It is simply a question as to what shape sits best and looks most natural. The cicatricial changes made in the orbit by the original disease or by the operation determine the shape of glass eye most satisfactorily worn. It is entirely unnecessary to have a notch in either edge of the glass shell.

Exophthalmos.—It is to be regretted that the profession clings to the idea that it is difficult to relieve the unseemly bulging of the eyes, which sometimes persists after exophthalmic goitre has been successfully treated. A similar protrusion of the globe occasionally remains after operations for strabismus. These disfiguring conditions can be completely removed by the simple operation of freshening the edges of the eyelids at the outer canthus and putting in one or two sutures. The procedure if done under cocaine is so trifling as scarcely to justify the name of operation.

Iritic Adhesion.—Finally, I shall call attention to the unreasonable objection to operating on eyes hopelessly blind from complete adhesion of the iris to the anterior capsule of the lens. In these cases I believe an attempt should be made to restore some degree of vision by iridectomy and extraction of the lens. This is, I think, not very often attempted, because the prospects of success are far from good. Still, as vision is entirely destroyed, there is no danger of losing anything from undertaking an operative procedure; hence one that offers even such a slight chance of success should be advocated.

REPORT OF A CASE OF INCARCERATED PROLAPSED UTERUS.

BY HARRIS A. SLOCUM, M. D.,
PHILADELPHIA.

This accident occurred in a colored woman, aged 47, who was being prepared for operation for lacerated cervix and perineum and procidentia. She had had two miscarriages, and had borne five children, the last labor occurring seventeen years ago, when instruments were used. When she first presented herself for treatment, several months ago, notes were made to the effect that the pelvis was large and roomy; the perineum was torn nearly to the sphincter; the uterus prolapsed and protruding an inch and a half from the vulva. The cervix was deeply and stellately lacerated and greatly enlarged, measuring three inches in diameter, and was deeply eroded over an irregular surface of two square inches.

An application of crystallized iodine, one part, carbolic acid, three parts, was made to the erosion, and the patient was then placed in the knee-chest position. The uterus was easily returned to the pelvis, ascending to its normal position, and was retained there by a cotton and boric acid tampon.

The patient was requested to return regularly every week to have applications made, when needed, and the tampons renewed. By this treatment it was intended to lessen the size of the uterus and particularly of the cervix, partly through the combined forces of the intra-abdominal pressure above and the tampon below, and partly through having restored it to such a position in the pelvis as would permit of a normal circulation, thus assisting in the process of involution. When this was accomplished, it would remain to be seen whether it would be better to close the laceration, or to amputate the cervix, either operation to be followed by such means for closure of the perineum as would be indicated at the time.

The woman did not return regularly, however, and, although some improvement occurred, it was not as much as could be reasonably expected had she attended strictly to the injunctions given her. She had remained away for several weeks when word was received that she was sick and desired attendance at her home. When I saw her she was in great distress, complaining principally of heavy, dragging pain in lower part of the abdomen, extending as high as the umbilicus, and radiating to the hips. There was also severe backache and frequent desire to urinate, passing but little at a time, with great tenesmus.

I ascertained that she had been working harder than usual for the past three days, that for the last twenty-four hours her pains had been increasing, and that now she could hardly stand up. No tampon had been introduced for about six weeks, so that she had offered the tissues the best possible conditions for what had occurred. On making an examination, I found a large, red, tense and shining mass lying between the thighs, projecting seven inches from the vulva. At its largest part it measured nearly nineteen inches in circumference at a distance of about five inches from the pubic bone, gradually narrowing as it approached the vulva, resembling a pear with the large end away from the body. It was composed of the deeply-congested and œdematous uterus and vagina, in front, or on top of which lay the bladder, evidently all of the latter being outside the body with the exception of the cysto-urethral junction and the part immediately contiguous to it, which was anchored under the pubis and flatly compressed by being acutely turned forward, thus bringing the bladder directly under the line of the urethra.

A soft catheter was carefully, and with some difficulty, pushed into the bladder with the result of removing about an ounce of clear urine, which removal made no appreciable diminution in the size of the tumor. The patient was then placed in the knee-chest position, when two fingers of an assistant were inserted into the vagina and traction was made upon the perineum, in order to enlarge the opening as much as possible. The fingers could pass in only about two inches, when they were stopped by the reflected vaginal membrane. Cosmoline was thickly applied over the whole mass, and the cervix, with its surrounding tissues, was grasped with both hands, also thoroughly anointed, and firm, continuous pressure was made upon the mass, squeezing it, and at the same time gently forcing it toward the vulvar opening. Occasionally pressure was made by the assistant upon the reflected vaginal fold, to assist the force working from below; but this caused too much pain to be long continued. The mass gradually diminished in size under the constant pressure, and as it did so, its return to the pelvis was accomplished by tucking in the tissues at the posterior commisure, making no attempt to reduce the bladder first, as that would have been impracticable. A Sims' speculum was substituted for the fingers in retracting the perineum, giving more room, and relieving the fatigued fingers.

In an hour and a half the reduction was complete, and the uterus was slowly pushed up to its normal position, and was retained there by a cotton and boric acid tampon, and a perineal binder. The pain during reduction was severe, but not sufficiently so to call for the use of an anæsthetic. The patient remained in bed three days, the pains and dysuria quickly disappeared, and treatment preparatory to operation has been resumed.

BROKEN CATHETER IN THE BLADDER.

BY SAMUEL C. HELMICK, M. D.,
COMMERCIAL POINT, OHIO.

On account of the rarity of the accident I am about to describe, I think the following account of a case recently under my care may interest the readers of the MEDICAL AND SURGICAL REPORTER.

On July 15, 1889, at 8 A. M., I was called to see Mr. W. T., 69 years old, tall, of spare habit. For several years he had had trouble of the urinary organs, which finally made it necessary for him to use a catheter. He had learned how to use it himself, and catheterized himself at times when there was a good deal of congestion of the prostate gland, as this was the cause of the difficult urination. He had been accustomed to use a common gum elastic catheter No. 8, and had used it so long that it had lost its elasticity, and at last, after it had been introduced into the urethra, it broke into four pieces. He could not remove it, so he called me to his aid. After getting away three of the pieces, and working all day, I concluded the fourth and last piece was in the bladder. I then called Dr. Thompson of Circleville, Ohio, in consultation, and we decided to operate, as for stone in the bladder. Returning to our patient, however, I found the catheter protruding a considerable distance into the urethra. It had been caught by the neck of the bladder, in a spasm of the same, and was now held firmly. The spasm yielded after a while, and by the introduction of the index finger of the right hand into the rectum the piece of catheter was worked forward beyond the neck of the bladder into the urethra and I was able to press it forward until it was entirely delivered.

The old man made no complaint while the pieces of catheter were in his urethra and bladder, except of a desire to urinate. He was up and about the nine hours they were in. The first part of the catheter was about three and one-half inches long, and I think three inches of this was in the bladder for eight hours.

HINTS ON THE TREATMENT OF DYSMENORRHŒA.

BY JOHN M. KEATING, M. D.,
PHILADELPHIA.

I desire to call attention to two or three matters that I think of interest in connection with the treatment of some of the diseases of women.

There is a certain class of cases—that of dysmenorrhœa—which is accompanied by dragging pains in the back and limbs, that are undoubtedly relieved by vaginal distension, false dilatation of the uterine canal, and the use of a cotton pledget, possibly saturated with glycerine, which depletes the mucous membrane, diminishes the catarrh, and at the same time gives the uterus a certain support and relieves in that way the pelvic circulation. I think these cases are very often greatly improved, if we can use for a certain time a stem-pessary, which will tend to keep the canal straight and pervious, and at the same time support the uterus.

A great deal has been said against the use of stem-pessaries, and my own conviction is that, when abused, they are certainly productive of a great deal of harm; but, when used with care, they certainly can accomplish much good.

Some years ago I had made for me, by Mr. Snowden, a flexible metallic stem, which I used also for the purpose of straightening the uterine canal, by placing a plunger within the stem after it had been introduced, thus making a repositor out of it. I succeeded in using this in a number of cases with a good result; but the difficulty was that it had to be used with a great deal of caution, and it was a difficult instrument to duplicate, from the fact that the spring of the plunger had to have a certain degree of elasticity which was hard to obtain; but I found that by placing this pessary in position the natural tendency which it had to straighten itself was of great value.

I would like to call attention to a modification of this instrument—made by Snowden—of a simple metallic (German silver) stem, made on the same plan as Gross's prostatic catheter. I believe that this instrument can be worn without inconvenience and will serve a most excellent purpose in proper cases.

I desire also to call attention to another point. The usual material used for vaginal packing in these cases has been cotton-batting, or antiseptic absorbent cotton, or some antiseptic wool. I have recently been using with considerable success the small cup sponges that come into the market. These are extremely soft, well-shaped, can be made thoroughly aseptic by soaking in a solution of bi-chloride, then being thoroughly dried and a small silk ligature passed through the fundus, the cup portion filled with whatever medicament is desirable and inserted as required. The great advantage that these sponges have over the cotton—and, in fact, over the wool even, but especially over the cotton—is their natural resiliency and the more thorough support they give, acting like an air-cushion pessary. I find that they can be retained, when thorougly aseptic, for at least two or three days, especially if a little iodoform or Listerine is used with the medication. When withdrawn they may be placed at once into boiling water and thoroughly scalded, and when so treated they may used over again a number of times.

The cases in which this form of treatment is most available are usually those that are most annoying to the practitioner, as they occur most frequently in individuals who are unable to go to a hospital for treatment or possibly have no means that will permit them to lie by for a day or two, and have their treatment thoroughly made at their own home. These are mostly office cases, and my own experience is that a material such as is at present used is extremely difficult to introduce in a form of a tampon in sufficient quantity to be serviceable, whereas the softness of the sponge permits it to be rolled into a very small mass and inserted through a speculum with great ease.

In the cases where there is abundant leucorrhœa, I find a solution of permanganate of potash more useful than any other that I know of, both for washing purposes and as a local application.

SOCIETY REPORTS.

OXFORD MEDICAL SOCIETY.

Regular Meeting, August 15, 1889.

At the conclusion of the address on

Abdominal Section,[1]

by Dr. Mordecai Price, of Philadelphia,

Dr. J. A. Peeples said that in his opinion the profession had gone mad on the subject of antiseptics. He has used hot water only to irrigate the vagina after labor, and has been perfectly satisfied with the results. He has never used the chemical germ destroyers and never intends to.

Dr. Geo. S. Dare was pleased with the address, but could not agree with the views expressed in reference to antiseptics. He has believed in their value; and still believes they can be used with entire freedom from poisonous results. He will continue to use carbolic acid in vaginal washes, because he has seen good results so often from them that he cannot abandon their use.

Dr. S. W. Morrison was greatly pleased with the views of Dr. Price, and believed that they would soon be generally accepted. Listerism, having led to cleanliness on the part of surgeons operating, the idea of having to use chemical destroyers of bugs, supposed to exist in the atmosphere, would be abandoned and scrupulous cleanliness would remain.

Dr. R. B. Ewing said: The boldness with which the abdominal cavity is entered must soon overcome the timidity with which we looked on such attempts a few years since. He spoke of the remarkable success with which this is nowadays done, especially in cases where a suppurating area had existed for some time, and in which a greater tolerance for the knife seemed to exist.

Dr. E. C. Taylor was very glad he had heard the paper read, as here in the country we have hardly yet realized that it is safe to disturb the peritoneal cavity; and it is with amazement we look back to the war period in our history and think of the thousands shot through the abdomen who might have been saved if the methods of to-day had been known then. And then, what might have been done still later for our much lamented Garfield.

In concluding the discussion

Dr. Price, who had been asked what should be done in the case of an old hernia, where it can only be partially reduced, said: These are always dangerous cases and an operation should be done at once for the release of the hernia and its radical cure. No other treatment is safe. I could detail numbers of cases of this character, one case of my brother's, Dr. J. Price: a lady seventy-five years old, a strangulation of the bowel, of a number of days standing, vomiting fecal matter for several days, with a lump as large as a hen's egg in each groin, neither of them being tender and nothing to indicate where the strangulation existed, though the patient was in a desperate condition. After consultation, it was decided that her chances for recovery were so meagre that it was almost useless to operate; but as there was nothing else to be done, she was given that one chance for life.

The operation was done in the median line, both enlargements were carefully examined, and the strangulation was found in the lump in the left femoral ring—the smaller one of the two—both lumps had existed for years. The right one was completely encapsuled, containing within its sac a clear non-irritating fluid. This old lady made a rapid recovery. There was no treatment save the knife to give her even a chance for life. I would say in this case that though complete obstruction of the bowel had existed many days, the bowel was not in a gangrenous condition. The sharp angle given to the bowel by its position had been the cause of obstruction.

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[1] By accident this address—which was published in the Reporter, August 24—was said to have been delivered before the Chester County Medical Society.

As to the question in regard to the cause of death after reducing a hernia. This is one of the objections in attempting to reduce a hernia that has existed for any length of time without operation. I have no doubt, in the case inquired about, that the hernia was reduced without releasing the strangulation. This is not an infrequent occurrence, and if the hernia was on my own person, I would much prefer the use of the knife with the prospect of a radical cure to even a few moments of effort at reduction under ether, when taxis had failed without. These cases are of too great moment, and demand prompt operative interference. You, gentlemen, must operate. You have no time to send for a specialist. Time is the great destroyer, and a few hours wasted will lose you your patient. In the last case reported to you two hours longer delay would have produced complete death of the intestine, which would have necessitated resection, greatly prolonging the operation in an enfeebled patient, and the result would have been very doubtful. By promptness, a valuable life was saved. On your promptness, both in diagnosis and operative interference, the lives of your patients must depend, in all strangulated conditions of the bowel. As to antiseptics, use them outside the peritoneal cavity if you like; but, as for me, water and absolute cleanliness are all-sufficient.

FOREIGN CORRESPONDENCE.

LONDON LETTER.

The London Hospitals, Hospital Surgeons and Physicians, and the Facilities for Post-graduate Study in London.

London, Aug. 8, 1889.

Thinking that a short description of medical matters in London might be of some interest to the numerous readers of the Reporter, I will give you a short outline of the opportunities for medical study in the great metropolis.

In the first place, London abounds in hospitals, so situated as to be convenient to every locality, but not quite so convenient for the medical man who comes here expecting to visit a number of them in a day. Many of the hospitals are special, and the student coming here for the purpose of special study can give his entire time to these and do some good work. For instance, the National Hospital for the Paralyzed and Epileptic, on Queen's Square: here patients with all forms of nervous affections come for treatment at the out-patient clinic, which is held during four afternoons of each week. Here the student, by paying a small fee, can attend. The clinics are conducted by such able men as Ferrier, Bastian, Hughlings-Jackson, Gowers, and others prominent in the treatment of diseases of the nervous system. Not far from this hospital is the Great Ormond Street Hospital for Sick Children. At this hospital, by the payment of two guineas, one can attend a course of three months, consisting of Ward Clinics, conducted by Drs. Barlow, Cheadle, and Sturgis. Here the surgical wards are in charge of Mr. Edmund Owen, well known in America by his work on the Surgical Diseases of Children, and by Mr John Morgan. The out patients' clinic is in charge of Drs. John Abercrombie, Angel Money, and other well known men. On one afternoon of each week a lecture pertaining to children's diseases is given by a member of the staff. At this hospital are treated annually from ten to twelve hundred in-patients, and from five to eight thousand out-patients, and the student can have ample opportunity for the study of obscure forms of disease among children.

The writer was greatly impressed by the large number of cases of disease produced by defective nutrition, such as rickets, abdominal tuberculosis, scrofula, spinal paralysis, etc. At the out-clinic about one case in ten would present symptoms of rickets—a disease not in the least common with us at home. Of course, syphilis comes up with a goodly proportion of cases; and one of the gentlemen conducting the out-clinic said to the writer, that he never thinks of anything else until he has excluded rickets and syphilis from his diagnosis. Cases of hemiplegic paralysis are also common: nearly as much so as spinal paralysis, the lesion in the former cases being produced by a thrombosis or embolism, rarely by an encephalic tumor.

At the Brompton Hospital for diseases of the chest the students will find a prolific field for the study of diseases of the respiratory organs. Here, on payment of a fee of three guineas, he can examine patients every afternoon during the week, the out-clinics being in charge of Drs. Fowler, Acland, McKenzie, and others skilled in the diagnosis of diseases of the heart and lungs.

At the Cancer Hospital, a few doors from the Brompton Hospital, may be found an interesting variety of cases. Here patients come with all forms of disease which they suspect of being cancer. And one sees many cases, not cancer, as well as many interesting ones of external and internal cancer. The ward visits and out-clinics here are held every day at two o'clock by the members of the staff, consisting of Mr. F. B. Jessett, and Drs. Snow and Purcell, who certainly could not be any more courteous or treat foreign medical men with more consideration. This hospital is free to both patients and students. It was founded in 1851, by Mr. William Marsden, who still remains upon the staff as a consulting member.

For the study of dermatology the field here is very good; and, among the best clinics for diseases of the skin, are those of Dr. Crocker, at the University College Hospital, of Dr. Pringle, at the Middlesex, and of Dr. McKenzie, at the London Hospital. There are also several hospitals here devoted exclusively to the treatment of diseases of the skin. The father of antiseptic surgery—Sir Joseph Lister—still operates at King's College Hospital, and, although he has long since abandoned the spray, he is thoroughly aseptic in all his operations.

Guy's Hospital is noted for its eminent men and skilful surgery. There Mr. Bryant heads the list, though now retired from active service. At this hospital the writer was, through the kindness of Mr. Lucas, one of the surgeons, permitted to see the wards and some of the surgical work. One case made a particularly strong impression. The case was that of a young woman, twenty-five years of age, suffering with an aneurism of one of the abdominal arteries. Here Mr. Lewis ligated the common iliac artery, and the woman recovered without any untoward symptoms, the tumor becoming much smaller and pulsation disappearing entirely. This hospital is now adding a dental department, and with the opening of the Winter session will begin regular courses in dentistry, being the first Medical College in London to take this advanced step.

The largest hospital in the City is the London Hospital, located in the notorious Whitechapel neighborhood. It contains about eight hundred beds, medical and surgical, and has a staff of eminent physicians and surgeons, who will always make it pleasant for the medical visitor. St. Bartholomew's—said to be the oldest hospital in London—has also in connection with it a most excellent college. Here Matthews Duncan is one of the shining lights, and many medical men coming here for post-graduate study take his lectures on the diseases of women. To say something about all the hospitals here would require too much of your space; suffice it to say, that the practical manner in which the English surgeon and physician treats his subject is refreshing. He is kind and gentle to his patients, knows what he is talking about, and to the American physician he is very considerate. The writer leaves London with regret; and—were such a thing possible—with greatly increased respect for his English professional brother.

D. A. Hengst, M. D.

SPECIAL CORRESPONDENCE.

LETTER FROM WASHINGTON.

A Case of Resection of a Vertebra.—The White Cross University of Science.

Washington, D. C., August 31, 1889.

At about nine P. M., June 18, 1889, Maurice Adler, 22 years old, with a good family history, and no evidence of syphilis, was shot with a pistol in a bar-room in Washington, D. C. The missile was a bullet of No. 22 caliber. The bullet entered one-half inch to the right of the median line, over the fourth cervical vertebra. In its course it struck the spinous process, which it fractured. Paralysis set in the next day, and became gradually worse, until the patient could neither move nor feel, except in the head. It was decided not to interfere surgically. A consultation was had with Dr. D. Hayes Agnew about ten days after the shooting, and no operation was then deemed necessary. The patient gradually became worse and bed-sores appeared. On August 6, there was almost tetanic rigidity of the arms and legs. On August 7, Dr. Agnew was consulted by telegraph, and concurred in opinion that an operation should then be attempted. Dr. J. Ford Thompson laid open the track of wound—the patient being anæsthetized with about half an ounce of chloroform. The track was found perfectly healed; and no trace of the bullet, which was probably imbedded in deep muscles of neck. On exposing the vertebral arch seven spiculæ of bone were removed. Some of these spiculæ were depressed and pressed upon the cord. Dr. Wagner says the cord was found lacerated for a distance of fully three-quarters of an inch; but Dr. Thompson, the operator, says the membranes were not opened. The conditions of the membranes was not noted. There was no hemorrhage from the operation. There has been no marked improvement from the operation except some relief of the muscular rigidity. The patient is in about the same condition as before, and is still delirious. The case is more of a puzzle than ever.

On August 14, a curious institution was incorporated in Washington, called the White Cross University of Science. The incorporators are W. W. Hubbell, Lee Crandall, Romulus Washington Ruter, L. W. Baldwin, and Zach. W. Purdy. Half of these names are not to be found in the City Directory.

The object of the concern is stated to be to teach and practice science and medicine according to a method called "Vivopathy," as discovered by W. W. Hubbell, who is one of the two professors in the institution. Law, human and divine, will be taught here, as well as temperance. The concern has already made a deliverance upon the subject of the Brown-Séquard Elixir—which it rejects, and the Maybrick case, and recommending clemency to the culprit. By this it will be seen that the White Cross University of Science is determined to keep itself before the public.

Washington is quiet, in general, just now, and what I have recounted is about all that I believe would be of interest to the readers of the REPORTER.

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—The Surgeon General of the Marine Hospital has received a letter from Dr. Porter, of the State Board of Health of Florida, in which he requests that all foreign vessels seized by the revenue officers, when from infected ports, may be taken to Dry Tortugas and there thoroughly disinfected and cleaned before being allowed to enter any customs port of the State of Florida. Dr. Hamilton has sent the letter to the Treasury Department with his approval.

PERISCOPE.

Psychology of Fecundation.

In his book on the Psychic Life of Micro-Organisms, Binet calls attention to the fact that the copulation of the spermatozoid and ovule is not without analogy to the copulation of the two animals from which they originated. The spermatozoid and the ovule, to some extent, repeat on a small scale what the two individuals perform in their larger sphere. Thus, it is the spermatozoid that, in its capacity of male element, goes in quest of the female. It possesses, in view of the journeys it has to make, organs of locomotion that are lacking in the female and are useless to it. The spermatozoid of man and of a great number of mammifers is equipped with a long tail, the end of which describes a circular conical movement, which together with its rotation about its axis, determines the forward motion of the spermatozoid.

The spermatic element, in directing itself toward the ovule to be fecundated, is animated by the same sexual instinct that directs the parent organism toward its female.

In the higher animals, the movements of the spermatozoid that is endeavoring to reach the female exhibit a peculiar character, which it is important to emphasize: these movements do not appear to be directly provoked by an exterior object, as those of micro-organisms are; the spermatozoid endeavors to reach an ovule which is frequently situated a great distance away; this is the case particularly with animals that fecundate internally, with birds and mammifers. A fact that is important to mention in a general way is the length of road the spermatozoid has to traverse before coming up with the ovule.

The spermatozoid, in its journey to the ovule, has to traverse a road which is, in certain instances, extremely long. Thus, in the hen the oviduct measures 60 centimeters, and in large mammifers the passages have a length of from 25 to 30 centimeters. We might ask ourselves how such frail and minute creatures come by a power of locomotion great enough to enable them to traverse so long a path. But observation discloses the fact that they are able to overcome obstacles quite out of proportion to their size. Henle has seen spermatozoids carry along with them masses of crystals ten times larger than themselves, without appreciably lessening their speed. F. A. Pouchet has seen them carry bunches of from eight to ten blood-globules. M. Balbiani has attested the same fact. These globules, which have fastened themselves about the head of the spermatozoid, have each of them a volume double that of the head. Now, according to Welcker, the weight of a globule of human blood is 0.00008 of a milligramme; allowing that the spermatozoid has the same weight, we may then say that it is able to carry burdens four or five times heavier than itself.

Normal Gestation following an Extra-uterine Pregnancy.

In the *Münchener med. Wochenschrift*, No. 1, 1889, Dr. Toppert reports a case in which a woman, 34 years old, who had had two children in the ten previous years, had an abdominal extra-uterine pregnancy, which was closely observed during seven months. In the seventh month of pregnancy, after the movements of the child had been felt by the mother, the latter was attacked with chills and febrile symptoms, and the fetus died. The patient within two years was well. Then normal pregnancy, with normal development of the fetus in the vertex position, occurred. The old extra-uterine pregnancy remained as a tumor of the thickness of a man's arm, lying above the symphysis under the belly walls, and in it the separate parts of the child can be felt, as hard as a stone.—*Centralblatt für die med. Wissenschaften*, May 25, 1889.

Rupture of the Tendon of the Quadriceps Femoris.

Dr. William T. Bull, in concluding a paper on this subject, in the *New York Med. Journal*, April 20, says that in view of the uncertain functional results of the older methods of treatment, and the encouragement offered by a few cases which he records, he deems it justifiable and desirable to resort to the suture at once in many cases of rupture of the tendon of the quadriceps femoris. Where the ends are widely separated—say, by an interval admitting two fingers—one might naturally expect a diminished power of extension caused by the elongation of the tendon. Where the joint capsule is distended, one may properly assume that extravasated blood is present, and its absorption and the accompanying synovitis may lead to fibrous ankylosis and lessened power of flexion. Cases that present either one or both of these conditions—and they will often coexist—should, he says, be treated with suture at once. On the other hand, ruptures in which there is a trifling separation of the ends of the tendon—up to the width of an inch—as well as those in which there is no effusion into the joint should be treated by fixing the limb on a posterior splint, or incasing it in plaster of Paris, after drawing down the muscle and fixing it by bandaging from above downward. The patient may begin to walk at the end of four weeks. If the stiffness or lessened flexion continues, it may be overcome by passive motion. If the power of extension is found defective after the quadriceps muscle has regained its activity, it will be due to elongation of the tendon, and a secondary suture of the tendon may then be undertaken.

Practical Points about Surgical Dressings.

In a report of four months' service at the Albany Hospital (*Albany Medical Annals*) Dr. A. Vander Veer says that in all 133 operations were done. In 168 cases of surgical lesions treated, there were seven deaths: 2 due to peritonitis, 2 to uremia, 2 to the exhaustion of the disease, and 2 to shock. The death rate was four and one-sixth per cent.

With regard to the dressings used in these cases, he says that the methods have been very simple, and the antiseptic agents used neither new nor novel. To begin with, all the gauze used was of home manufacture; that is, plain gauze medicated chiefly with bichloride of mercury. Plain absorbent gauze can be bought, he says, in two-hundred yard lots at four and a half cents per yard. This can be conveniently cut and folded in five-yard pieces and treated as follows: It is immersed in a solution consisting of one part of bichloride of mercury, fifteen of tartaric acid, 150 of glycerin, and sufficient water for 1,000 parts; enough eosin is added to give a faint tint. After remaining in this solution for twelve hours the gauze is wrung dry and packed in stoneware jars ready for use. The addition of tartaric acid and glycerin he regards as very advantageous, increasing both the antiseptic and absorbent power of the gauze.

The bichloride gauze was used for making "Gamgee" pads for bandages, and for iodoform gauze, by rubbing iodoform in its mesh. Iodoform and boric acid were used in dressing ulcers, both in powder and in ointment. Boric acid solutions were used in washing the bladder and urethra before and after operations. A one-half per cent. solution of hyrogen peroxide he says was very satisfactorily used about the mouth and nose. It acts also as a powerful deodorant. For flushing wounds, 1-2000 or 1-3000 bichloride of mercury solutions were used. In Dr. Vander Veer's abdominal work hot water took the place of all antiseptics, except in the dressing. The spray was used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics, except in one case in which a slight iodoform erythema appeared upon the abdomen after an abdominal section.

Care of the Teeth.

The *Allgemeine med. Central-Zeitung*, July 24, 1889, states that Dr. Theodor Wiethe's Vienna Pocket Formulary, which has just been issued, contains some useful hints upon the teeth by Dr. Hillischer, a practising dentist. The latter urges that both adults and children should have their mouths examined at regular intervals, and that, as a regular thing, both the mouth and the teeth should be inspected by a dentist after the occurrence of febrile diseases, in the beginning of pregnancy, and after confinement. He regards thymol as the most suitable addition to mouth washes; for, in a dilution of 1 to 80,000 it checks the development of micro-organisms but is not irritating. He recommends the following formula:

℞	Thymol	15 grains.
	Alcohol	2 pints.
	Powdered cochineal	45 grains.
	Filter and add.	
	Oil of peppermint	45 minims.
	Cinnamon	23 grains.

M. Sig. Teaspoonful to a glass of water.

Antiseptic Treatment of Variola.

Dr. Lewentaner, of Constantinople, has successfully employed the following antiseptic treatment of variola, which he describes in the *Therapeutische Monatshefte*. According to the *Wiener med. Presse*, July 21, 1889, he applies to the scalp, face, and throat a paste containing three per cent. of carbolic or salicylic acid, made up with starch or oil of sweet almonds, and kept in place with the aid of a mask. The buttocks and extremities are rubbed frequently with the following paste:

℞	Glycerine	70 parts.
	Starch	30 "
	Salicyclic acid	3 "

M. Ft. paste.

A few drops of the following emulsion are administered internally, by means of a medicine dropper, every quarter, or half-hour:

℞	Oil of sweet almonds	15 parts.
	Syrup of orange	50 "
	Cherry laurel water	10 "
	Hydrochlorate of quinine	$\frac{3}{10}$ part.

M. Dissolve in sufficient hydrochloric acid to make an emulsion.

Under this treatment, six cases of severe confluent variola recovered completely without scars or other complications.

The author claims a number of advantages for this treatment; but the number of cases upon which the claim is based is hardly sufficient for broad generalization.

Lympho-sarcoma of the Mediastinum.

L. Lagente's thesis (Paris, 1888) is of interest in connection with Dr. Hare's recent work on "Tumors of the Mediastinum," a review of which was published in the REPORTER, April 6, 1889. Dr. Lagente says, according to the *Gazette Medicale de Paris*, July 20, 1889, that most of the tumors of the mediastinum are lympho-sarcomas. They vary in size, but often reach the size of a man's head. They are commonly situated behind the sternum, which for a long time was regarded as their point of origin. Their origin from the thymus, and from other glands, is more especially admitted at the present time. Their histological structure, their development and generalization at the expense of lymphoid tissues, their possible coëxistence with œdema, and at times the establishment in the blood of leukemic alterations, connect them with lymphatic tumors and lymphadenitis. It is useless to add that the diagnosis of lympho-sarcoma of the mediastinum presents very great difficulties, and that treatment has very little influence upon their evolution.

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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

INFECTIOUSNESS OF THE MILK OF TUBERCULOUS COWS.

Attention has been frequently called in the REPORTER to the dangers of impure milk, and to the methods of obviating them. Most of the articles that have appeared on the subject have been written from the clinical point of view; but recently experiments have been undertaken to settle the question by actually inoculating animals with the milk of tuberculous cows. Such experiments have been made by Dr. Karl Hirschberger, at the instance of Prof. Bollinger, in the Pathological Institute at Munich, and are reported at length in a communication by Dr. Hirschberger to the *Archiv für klin. Medicin*, June, 1889.

The author seems to have exercised great care in conducting his investigations. The material for them was obtained from the city abattoir of Munich. In most cases the entire udder of a cow, just slaughtered and found to be tuberculous, was carefully packed and sent to the Institute, accompanied by a statement from one of the abattoir veterinary surgeons as to the age of the cow, its general condition of nutrition, and the extent to which it was tuberculous. In a few instances, however, a cow known to be tuberculous was milked before being killed, and the milk preserved in sterilized vessels for experiment. To obtain milk from the udders, Hirschberger cut the latter with a sterilized knife in such a way as to lay open the milk-ducts, and withdrew from them a sufficient quantity of milk with a hypodermic syringe. Guinea-pigs were selected as the most suitable animals for experimentation, and the milk was injected into their peritoneal cavities. Care was taken that no milk should be employed which was not entirely normal in appearance, and every precaution was used to avoid the admixture of blood with it. Sterilization of the instruments and disinfection of the hands of the operator were also provided for.

Twenty experimental inoculations were made, in as many animals, and the milk proved to be infectious in eleven cases, or in fifty-five per cent. Prof. Bollinger himself examined the animals *post-mortem*. In most cases there was an extensive miliary tuberculosis of the peritoneum, omentum, spleen, and liver.

The probability of such transmission is greatest when the cow is extensively diseased, when its nutrition is very poor, and especially when its udders are affected; but some of the experiments, Hirschberger thinks, indicated that milk is capable of infecting an animal, when injected into its peritoneal cavity, even though only slight disease localized in the lung is apparent in the cow from which it is obtained.

These experiments are interesting from a pathological point of view; but our readers must be carefully on their guard against confounding the infection, which was produced in the cases cited—by injecting tuberculous milk into the peritoneal cavities of animals—with the only kind of infection to which animals and men are exposed outside of experimental laboratories. It by no means follows from such experiments as are now on record that milk is capable of producing infection when taken as an article of food. On the contrary, there is reason to believe that the human, and other animal, organism, in ordinary health, has the power of resisting infection by tuberculous meat or milk through the alimentary tract. It is barely possible that a person in poor health and predisposed to tuberculosis might be infected with the disease by drinking tuberculous milk; but there is no evidence worth considering that this is a fact. And, in regard to this hypothetical danger it may be borne in mind that absolute protection against it would be furnished by boiling the milk for five minutes, or by sterilizing it in some one of the ways already and repeatedly mentioned in the Reporter.

The experiments of Hirschberger are interesting, and valuable as showing something in regard to tuberculosis; but we trust the readers of the Reporter will not draw any false inference from them or fail to see how far they are from supporting the alarming views which are held by some medical men and veterinarians in regard to the dangerous character of the milk of tuberculous animals.

THE RECTIFICATION OF MALPRESENTATIONS OF THE FETUS.

The study of the forces which control the presentation and position of the fetus *in utero*, has always been interesting to the scientific obstetrician. And this is even more true of the forces which produce malpresentations, and which sometimes, even during the later months of pregnancy and during labor, substitute one presentation for another. The influence exerted by the form of the ovum, the form of the womb, the shape of the abdominal cavity, the intermittent contractions of the womb, the movements of the fetus, the tonicity or laxity of the abdominal walls, by gravity, and by accidental causes having temporary action, has been thoroughly investigated and considered. Indeed it has been thought that the subject is exhausted, and that no new factor remains to be discovered.

In the *Amer. Journ. of Obstetrics* for June, 1889, however, Dr. King, of Washington, writes an interesting and elaborate paper upon the action of thigh pressure in producing and altering the presentations of the fetus. This, he considers, an entirely new contribution to the subject. It is supposed that primitive woman made more frequent use of the squatting posture—which brings thigh pressure most strongly into play both before and during labor, because, according to Engelmann, this position is still assumed by the less civilized inhabitants of many parts of the globe. Inferentially Dr. King holds that this frequent resort to the squatting posture during pregnancy and labor, by our primitive progenitors, rendered them good service by preventing malpresentations of the fetus, or—this existing—by correcting it. He presents a very interesting study of variations in thigh pressure which can be brought about by changes in the squatting posture, as by advancing one foot, flexing the trunk, or bending it toward one side. He describes further the nature of the pressure which can be brought to bear upon the fetus in malpresentations, especially in shoulder presentations, and the action of thigh pressure in cases of obliquity of the uterus, and of laxity of the uterine and abdominal muscles. He considers that the present method of version by external manipulation is an unconscious imitation of thigh pressure; also that thigh pressure is a decided factor in Maxon's method of version.

Dr. King believes that the reason civilized, and especially cultivated, women no longer instinctively resort to the squatting posture during labor is that it is suggestive of defecation. During pregnancy civilized woman sits upon a chair or lounge, instead of squatting upon the ground as did her prototype. She does not even squat during defecation and urination, the high commode and water-closet seat having modified the natural posture. Dr. King urges that the squatting posture be advised for the rectification of malpresentations not only early in labor, but also in cases long neglected, even with the protrusion of the arm and shoulder.

As stated by Dr. King, if the posture did no good, it is hardly capable of doing harm. Hence it has at least a negative advantage over some other methods of treatment. As the method is merely suggested and has not been tried, it is too early to judge of its merits. We cannot believe, however, that it is destined to supplant the recognized methods of version. During pregnancy it can hardly be employed to prevent malpresentations, because of the deep-rooted prejudice which exists in favor of sitting in chairs, as against squatting upon the floor, or mother earth. And during labor the obstetrician will be apt to choose, as an efficient method of treatment, one of the methods of version, the details of which can be carried out by himself. Still, this suggestion is worthy of careful thought and remembrance and could safely be tried at any time should the orthodox methods of treatment fail.

REST IN THE TREATMENT OF PULMONARY CONSUMPTION.

The consumptive may be regarded as verging towards a state of physiological bankruptcy. The disease makes a fatal drain on his constitutional resources. With him it is a real living warfare between the forces of his body and those of the disease. The line which divides defeat from victory is neither hard nor fast, but constantly shifts its position in accordance with the ebb and flow of his vitality. When he is weak the disease advances, and when he is strong it recedes. The cardinal therapeutic indications are therefore towards a fortification of the constitutional resistance. This can only be accomplished by economizing the bodily forces—that is, by diminishing the outgo and by increasing the income. Physiological rest is one of the most valuable adjuvants in securing this end. When an individual is in danger of financial bankruptcy he must either stop his expenditures or increase his income, or he will certainly go to the wall. If he does only one of these things his recovery will be less rapid, or more doubtful than if he cuts down his expenses and enlarges his income at the same time. In other words, he must call a halt or take a rest, in his downward career, until his capital has sufficiently reaccumulated, when he will be able again to compete successfully with other capitalists.

Nothing illustrates more clearly the state of the consumptive than this example taken from the field of finance. His expenses are the waste caused by fever, loss of flesh, anorexia, sleeplessness, night sweats, cough and unnecessary exercise. These must be stopped. The fever must be reduced, the cough and night sweats checked, sleep must be produced, and over-exercise must be discouraged. Nothing conduces more towards bringing about these results than rest. Exercise, which is such a fashionable remedy in this disease, often defeats the very object for which it is intended. It is good for the strong, but may be very baneful to the weak. Exercise which entails benefit on the body implies the pre-existence of strength, which if properly used will grow and accumulate; but the consumptive is already tottering on the brink of physiological insolvency, and has no strength or capital to place out as an investment in exercise; and therefore his best policy is to be conservative, and to retain all he can obtain. It is a very frequent experience to find a consumptive return from a walk which he managed to take under difficulties, not only with an elevated temperature, but with a body exhausted to such a degree that he secures neither the increase of appetite, nor the return of vigor which he anxiously anticipated. Experience teaches, therefore, that in pulmonary consumption exercise often, if not always, breeds fever, takes away the physiological capital which should be devoted towards fortifying the processes of secretion, digestion, assimilation, and nutrition, and it should be displaced by rest until the vigor of the body is firmly reëstablished.

According to this plan of treatment patients are, if necessary, kept on their backs, and, if the weather permits, are carried out of doors, or, if able, are allowed to walk and sit quietly in the open air, the main idea being to secure as close an approach to absolute rest as is possible under the circumstances, taking into full consideration the permanent wants and comforts of each patient. Recent proof of a practical character leads us to believe that this method of treatment, combined with rational medication and appropriate feeding, offers more encouragement towards a successful solution of the therapeutics of this disease than any other yet instituted.

ADVERTISEMENTS IN THE REPORTER.

Those of our readers who see the *Pittsburgh Medical Review*, and others who have noticed the references to it in our columns, are doubtless aware that it keeps a sharp eye on the way in which other journals are conducted, and especially on their advertising pages. In this it has had the sympathy and support of the REPORTER. It is now the turn of the REPORTER, and we have an opportunity to do as we advise others; that is, to receive with proper respect the opinions of our critic, and see if we may not get good out of them.

We have considered carefully what the *Review* says in its August number about our advertising pages, and reply: that the rules of the REPORTER in regard to advertisements have been carefully framed, and are strictly applied. If they are not precisely those of the *Pittsburgh Medical Review*, this, our contemporary will admit, does not necessarily imply that they are too lax. It is our rule that no advertisement shall be admitted without scrutiny, and none unless the Editor believes it is proper to lay before the members of the profession. In applying this rule we may have fallen and may hereafter fall into errors of judgment, but we trust not into errors of conscience. In the cases specifically cited by the *Review*, in its August issue, the preparations named have been the subject of careful thought and they have been admitted because we believe them to be useful remedies, and have had abundant testimony that they are used with great advantage by intelligent practitioners.

This is not the place in which to discuss the evidence upon which our opinion rests. It is enough to state it in answer to the harsh—though we have no doubt sincere and well meant—criticism of our excellent contemporary.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

LECTURES ON NERVOUS DISEASES FROM THE STANDPOINT OF CEREBRAL AND SPINAL LOCALIZATION, AND THE LATER METHODS EMPLOYED IN THE DIAGNOSIS AND TREATMENT OF THESE AFFECTIONS. BY AMBROSE L. RANNEY, A. M., M. D. 8vo, pp. 780. Philadelphia: F. A. Davis, 1888. Price, cloth, $5.50; sheep, $6.50.

The author of this book divides his subject into seven sections, the first dealing with the anatomy and physiology of the nervous apparatus; the second with the methods of examination employed in nervous cases; the third, fourth, fifth and sixth, with the subject-matter proper: namely, the diseases of the nervous system; and lastly, the seventh section deals with "electricity in medicine."

Section I. is profusely illustrated, as are also all other sections of the work. In addition every illustration is vividly colored, so that, for instance, the various areas of the cortex are as clearly mapped out as the various states and countries in a geographical chart. Also in dealing with the course of fibres and the relations of centres to one another, the various tracts and centres are distinguished by lines and circles of different colors. The advantage of this method, especially for beginners, cannot be gainsaid. The student, however, should be cautioned against a too literal interpretation of the diagrams, or a too ready acceptance of all that is depicted, as literally true. The author admits in closing "that some of the views advanced are apt to be modified or possibly overthrown by subsequent investigation."

Section second, which deals with the methods by which diagnoses are made, contains many valuable suggestions on the manner of taking a history and of making observations of various kinds. However, much of the matter of this section appears to us to be extraneous. Certainly in a treatise of diseases of the nervous system we are hardly prepared to find embodied a treatise on ophthalmology! The various portions of the section relating to the symptoms afforded by the lips, gums, teeth, tongue, face, hands, gait, etc., etc., appears to us worse than useless. A disconnected statement of unrelated facts can hardly be expected to make an intelligible or comprehensive impression on the mind of the student. It will tend rather to hopeless confusion. Attitudes, the study of the reflexes, the tests for motor paralysis, the muscular sense, the tests for lesions of the white substance of the centrum ovale, and the principles of electro-diagnosis are among the various other topics that go to make up this *pot-pourri* section. Evidently the entire section is out of place, and if it is at all entitled to a position in a work upon nervous diseases it is simply that of an appendix of reference.

The sections devoted to nervous diseases proper cover some 387 pages out of the 778 of the entire volume! The description of the various affections is brief, never exhaustive, but is, wherever possible, well illustrated by means of colored plates and diagrams. We can hardly, however, commend the arrangement of the matter, nor the relative amount of space devoted to the various subjects. The entire subject, for instance, of the muscular dystrophies is crowded in between the consideration of lateral sclerosis and posterior sclerosis, while such an important subject as infantile paralysis receives but a meagre mention. The author further gives great prominence to the reflex origin of various functional nervous diseases, notably epilepsy, chorea, hysteria, migraine, neuralgia, etc., and follows as is well known, Dr. Stevens in his view regarding the importance of anomalies of the visuæ apparatus as etiological factors. Notwithstanding that the large majority of neurologists are not in harmony with this view, and that the importance of these anomalies is doubtless very much over-estimated, this section deserves very careful reading. The atom of truth may be larger than at first sight we are willing to admit.

The section on electricity in medicine is a condensed treatise on the subject and to which we have no other objection than that a discussion of the elementary principles of electro-physics and the construction of batteries should have no place in a treatise on diseases of the nervous system, and can only help to increase the unfortunate *pot-pourri* appearance of the entire book.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY. Thirty-ninth Annual Meeting, 1889. 8vo, pp. xxxiv, 409. Chicago: Jameson & Morse Company, 1889.

This volume of Transactions is highly creditable to the Society from which it emanates. The papers are on varied subjects and very interesting. The Address of the President, on the Duties of the Medical Profession regarding Alcoholic and Opium Inebriety, is one of the most interesting. He takes strong ground against the theory that drunkenness is a disease, holding that it is a vice. He also takes sharply and properly to task certain lecturers, who by exaggeration and misrepresentation have endeavored to further the cause of temperance.

The volume contains the customary Reports on different branches of medicine and surgery, and a series of biographical sketches of lately deceased members of the Society, illustrated with photo-gravure likenesses of them.

Among the papers, one which deserves special attention is that by Dr. Katherine Miller, on Hernia in Infants and Young Children, in which she points out the danger of producing inguinal hernia by the means used to prevent umbilical hernia; one on Tepid Baths in Pneumonia, by Dr. George N. Kreider; and one on Ureteral Fistulæ, which was published in the REPORTER, August 31, 1889.

NOTES AND COMMENTS.

Resection of Vertebræ.

In the *New York Medical Journal*, June 29, 1889, Dr. H. M. Dawbarn, of New York, reports a case in which he cut down upon the spinal column by an **H** shaped incision, and removed part of the arch of the tenth, eleventh, and twelfth dorsal vertebræ, for the relief of symptoms attributed to pressure on the spinal cord due to deformity caused by a fall about eight months before. The report, made about ten weeks after the operation indicates some improvement in the man's condition.

In concluding his report Dr. Dawbarn says: There are so few recorded cases in which the operation under discussion has been done for traumatic paraplegia that each case almost stands alone in its own part of the spine, and there is very little with which to compare it, either in technique or result. It is, of course, absurd to expect a brilliant outcome in these fracture cases—a result which, however, experience has shown to be abundantly possible where tumor is the cause of the paraplegia. In most cases of spinal fracture, with resulting paralysis below, the original injury to the cord has been so severe, the laceration of the cord by the broken bones so great, that even where pressure can be demonstrated and it is removed by surgical means at once, this relief only makes an ultimate recovery possible; it does not at all make it probable. Still, when it is demonstrated that the cord can safely be exposed, that in a case of traumatic paraplegia the operation for relief of bony pressure becomes by care and asepsis even approximately as safe as one for a traumatic hemiplegia from depressed bone in the skull, then the surgeon will not be considered free from responsibility who withholds his hand. Each new case, whether successful or otherwise, should be recorded at once, to stand as a guide-post or a warning on our path in the recent domains of surgery.

It seems to Dr. Dawbarn that we may now advance the following statement as a rule of practice: Whenever, following traumatism, even a slight abrupt irregularity of the spinal column is observed to co-exist with paraplegia from this level, a cutting operation is indicated to determine whether the paralysis is not, by bony pressure, made incapable of spontaneous relief. This operation should be deferred no longer than recovery from the original shock of the injury demands. If needed at all, it is needed early; and we make a mistake if, as in my case, we wait until electricity and time have alike proved futile before attempting what I may call exploratory resection. It will be the easier by far to the surgeon at this early stage, and the safer for the patient; at least when the obvious displacement is due to a broken posterior arch, as then comparatively little bony section would be needed, the fragments not having become consolidated by bony union in their false position.

Possibly it might be best to do this, too, even in cases (almost always cervical) in which a simple dislocation is present. Here we have the widest difference of opinion among able men. Most surgeons advocate attempts at reduction by pressure, with or without accompanying extension of the spinal column. Others, who have had one or more patients die suddenly during such manipulations, say "Hands off." May it not be true that in dislocation with paraplegia the removal of one or more arches here would, by relieving the cord, be our safest and therefore wisest expedient? When attempted, the "**H**" incision would seem best, permitting as it does the several laminæ to re-unite, in those cases where no pressure is discovered.

Nothing is more hopeless in medicine than paraplegia from bony pressure. If this condition were even deemed a strong possibility, operation seems to the writer indicated. This is really in the line of conservatism, since that is wise conservatism which, by whatever means, best conserves or prolongs the patient's life. If in cases of this kind, although not curing the mangled cord, we shall relieve to a notable extent the patient's sufferings, making his life more endurable and prolonging it, our treatment is more than justified.

Acute Abscess of the Tongue.

Dr. H. R. Wharton reports, in the *University Medical Magazine*, July, 1889, an interesting case of acute abscess of the tongue, and adds the following remarks in regard to the subject:

Acute abscess of the tongue is a rather rare affection, and it is said to be more commonly met with in young adults than in children or aged persons. Dr. Gross speaks of the rarity of acute abscess of the tongue, and states that he has never seen a case of acute glossitis terminate in abscess. Mr. Erichsen describes acute abscess of the tongue as an uncommon affection, but states that he has seen several cases; both Prof. Agnew and Prof. Ashhurst speak of the rarity of the occurrence of this affection. Mr. Holmes, Mr. Butlin, and Mr. Fairlie Clark record a few cases.

When acute abscess of the tongue occurs it usually results from acute glossitis, and this disorder has been variously attributed by different observers to exposure to damp and cold, to injury, to the entrance of septic matters, bites of animals, stings of insects, to the injudicious use of mercury, to corrosive substances, and to the influence of certain fevers and eruptive diseases. Butlin, De Mussy, and Duckworth are inclined to look upon acute glossitis as a catarrhal affection, the former authority stating that it may result from the direct action of exposure of the organ to cold, but that in the majority of cases the exposure has been indirect and general, and the inflammation must be regarded as reflex, possibly due, as has been suggested, to reflex irritation of the lingual division of the fifth nerve. Mr. Holmes thinks that acute glossitis is more more apt to be the result of general influences than of local irritation. Excessive smoking and the too free use of alcohol have also been considered to bear a causal relation to the development of acute glossitis, and I have myself seen this affection occur in a patient during an attack of delirium tremens.

Fairlie Clark says that acute abscess of the tongue is usually preceded by more or less glossitis, and mentions three cases of this affection, in one of which a fatal result followed. In this case the beard of a grain of barley had punctured the under surface of the tongue, and had given rise to an acute abscess at the root of the organ; the patient died on the seventh day, and an abscess the size of a turkey's egg was found upon post-mortem examination, occupying the position of the genio-hyoglossus muscle and the substance of the tongue; the foreign body was found in the abscess cavity. Dr. Evans, in a series of sixteen cases of acute glossitis which he collected, found that three of the cases terminated in abscess. Dr. W. Meyers reported several cases of acute glossitis, one of which terminated in acute abscess.

In acute abscess of the tongue the onset of inflammatory symptoms is very rapid, and the symptoms presented are practically those of acute glossitis. The patient complains of tenderness of the organ in chewing solid food, and of a sense of stiffness or rigidity to the tongue, which is accompanied by more or less pain, and there is sometimes experienced pain in the muscles of the submaxillary region. In a few hours the tongue begins to swell, and this swelling rapidly increases in size, which is accounted for by the pressure upon the veins and lymphatics, and the organ is protruded from the mouth and is indented by the teeth. The dorsal surface of the organ is covered by a heavy yellowish or brownish fur, and the surface may be dry if it has been long protruded from the mouth; there is also profuse salivation, and the salivary and the lymphatic glands may be markedly swollen. A patient suffering from acute abscess of the tongue experiences difficulty in talking, and dysphagia may be a more or less marked symptom, and if the organ is greatly enlarged, so as to fill the cavity of the mouth and extend back into the pharynx, the resulting dyspnœa may be so marked as to threaten the life of the patient. Acute abscess of the tongue may open spontaneously, or there may be localized sloughing of the organ. Mr. Fowler reports a case of acute glossitis which terminated in an abscess in which a spontaneous opening occurred. The number of fatal results following acute suppuration of the tongue has been sufficiently large to show that the affection is a serious one, the deaths in these cases resulted from dyspnœa, septicæmia, or from pneumonia.

The treatment of acute abscess of the tongue is very similar to that of acute glossitis, and consists in making free incisions into the organ to permit of the escape of the purulent matter. I think that the now generally adopted treatment of acute glossitis by free incisions into the inflamed organ prevents, in the majority of cases, the development of acute abscess of the tongue. If dyspnœa be a prominent symptom, and it is not relieved after the tongue has been fully incised, tracheotomy may then be required; or, if the case be very urgent, laryngotomy, from the ease and rapidity of its performance, may be substituted for the former procedure.

Antiseptic Treatment of Otorrhœa.

In the *N. Y. Medical Record*, July 27, 1889, Dr. Robert L. Randolph of Baltimore says that he is every day, as surgeon in charge of a large ear clinic, together with frequent confirmations from his colleagues, being convinced of the positive good effected by the following prescription, in the treatment of otorrhœa:—

℞	Hydrarg. bichlor.	gr. ss
	Acid tartar.	grs. xx
	Aquæ	q. s. ad f ℥ v

The patient is first required to syringe the ear out with warm water, and then to pour the sublimate solution into the ear till the latter is quite full. The fluid is allowed to run out after remaining in the ear ten or fifteen minutes. A piece of cotton is then moistened with the solution, and with it the external opening of the ear is closed. This treatment is repeated two or three times a day. As far as possible, then, the tissues of the drum-cavity, its remote connections, and the whole external auditory canal are kept in a condition unfavorable for the growth of organisms. A marked diminution in the discharge is seen almost immediately, and not infrequently a patient will remark upon the absence of odor after the first day's applications. In granulations and in polypi sublimate solutions have only the effect of removing the fetor; the discharge is not lessened to any extent. Such conditions demand special treatment. But in the ordinary otorrhœa resulting from otitis media, which affection forms so large a percentage of the dispensary patients, the acid sublimate solution has given him most satisfying results. About seventy-five cases have been collected by Dr. Randolph during the past year; but he has been able to follow up only forty to the point of complete recovery.

As regards relapses, since he began treating the majority of suppurating diseases of the ear with an acid sublimate solution he thinks he can safely say that the good done here has been no less permanent than when the majority of cases were treated with boric acid or other agents. The greater part of the time a similar case was always kept on the boric-acid treatment, to judge of its relative merits, and in by far the majority of cases the improvement was quicker when the sublimate solution was used. The fetor certainly disappeared more promptly when the latter agent was employed.

Treatment of Aneurisms.

In the *Progrès Médical*, July 13, 1889, Dr. C. Philippe, Assistant to the Surgical Clinic of the University of Liège, argues in favor of the treatment of aneurisms by the introduction of foreign bodies into the aneurismal sac. The surgeon, he says, should adapt his therapeutics to each particular case, commencing his treatment by wise anodyne measures, such as compression, unless the progress of the tumor endangers the life of the patient. If it is decided to introduce foreign bodies into the aneurismal sac, the chances of success should still be weighed, and that method chosen which seems best adapted to success. In answer to the objection that most of the attempts to introduce foreign bodies have resulted unfortunately, he says it should be remembered that the method was resorted to as a last resource. In most of such patients, the treatment most in vogue and most enfeebling had been tried without success: iodide of potassium, compression, etc. It was when the progress of the disease was such that rupture was threatened that the introduction of foreign bodies was tried as the last hope. In spite of this fact, however, the method has been successful in the cases of Bryant, Van der Meulen, Loreta, and Lépine. In the other cases, except in that of Levis, the purpose of the operator—to secure the formation of a clot—was attained; but the treatment had been employed too late. Thus, in the patient of Moore, the wire employed had penetrated only into one of the sacs, and the aneurism continued to increase in volume. The same increase in volume, in spite of coagulation of the blood, was observed in the patients of Hulke, of Pearce Gould, and of Barwell and Hulke, and death resulted either from compression of the trachea (cases of Hulke and Gould) or from rupture (Barwell's case). Longstreth has also secured the formation of a thrombus, but his patient succumbed to compression of the lung by the tumor. In the case of Pearce Gould, the compressing dressing, which was applied to check the effusion of serum which flowed from the wound made by the trocar, exercised—through the medium of the solid mass which formed the clots within the aneurism—a very injurious action upon the internal organs of the thorax, and, among others, upon the ascending aorta. Schroetter lost his patient as the result of œdema of the lungs. Levis did not obtain coagulation of the blood in the aneurism by using horse-hair. Perhaps this result is to be attributed to the fact that the hair does not dispose itself in the sac in such a manner as to act efficiently upon the blood current. In the other cases—those of Baccelli and Henry Morris—it is difficult to find the cause of death; it probably need not be searched for in anything but the advanced state of exhaustion of the patients. Finally, in accounting for the bad results obtained, it is only right to bear in mind that, in certain of these operations, antisepsis was not employed with all its rigor. In saying this, Dr. Philippe refers to all the first operations: that of Moore, for example, in which there certainly was no recourse to it. In consideration of these facts, therefore—the way in which death resulted in the different cases, and the probable absence of full antiseptic precautions—the treatment of aneurisms by the introduction of foreign bodies should not be renounced as a therapeutic procedure. But if success is to be achieved the operation must not be done only *in extremis*.

Curious History of a Gall-Stone.

At the meeting of the Berlin Medical Society, May 22, 1889, Dr. Oppenheim exhibited a gall-stone which is noteworthy, not only on account of its size—it weighed two ounces and six drachms—but also on account of the history of the patient. The stone came from an obese woman, sixty-nine years old, whom Oppenheim had treated six months before for biliary colic. At the examination the patient showed, under a large plaster in the right hypogastrium, a large scar, the result of an operation for abscess of the abdominal walls, performed four and a half years before. The patient was at that time left after four weeks with a small fistula, which still continues to secrete bile. Two years after the operation the stone exhibited passed through the fistulous track. —*Deutsche med. Wochenscrift*, June 6, 1889.

NEWS.

—It is said that the University of Breslau is about to have a dental institute, the director and teaching force for which are already in prospect.

—The Assembly of the German and of the Vienna Anthropological Society met together in Vienna, August 5 to 10, and Prof. Virchow presided.

—Dr. Schweninger, the physician who worked down Prince Bismarck's obesity, is to personally instruct two of the Sultan's doctors in the same method.

—Fifteen cases of death from yellow fever were reported in Havana for the week ending July 6. The deaths from this disease during the whole month of June were forty-nine.

—Dr. L. Webster Fox, of Philadelphia, was married in Liverpool, England, September 4, 1889, to Miss Cecelia B. Bickerton, daughter of Mr. Bickerton, the well-known specialist in eye diseases of that city.

—The Marion County Medical Society, of Indiana, has appointed a committee of three members to look after illegal practitioners, and to employ a lawyer to prosecute all who may be found to be practicing without a license.

—Commissioner of the Health Department, Dr. Oscar C. De Wolf, who, through his official services as Health Officer of Chicago for the past thirteen years, has contributed much to the well-being of its citizens, has resigned.

—It is announced that Professor Struthers, of the Chair of Anatomy at Aberdeen University, has resigned. The vacancy of one of the most important anatomical posts in Great Britain has caused some stir in Edinburgh scientific circles.

—Professor A. R. Robinson, of New York, has been appointed by the Committee on Organization of the International Congress of Dermatology and Syphilography, to be held in Paris to open the discussion on the subject of lichen.

—A meeting of Wyoming County physicians was held in Warsaw, Tuesday afternoon. A committee consisting of Drs. Palmer of Pike, Rae of Portageville, and Lusk of Warsaw were appointed to make arrangements for the meeting to be held at the Cascade House, Portage, in September.

—It is reported from Belgium, under date of August 23, that an epileptic, in a hospital for incurables in Ghent, had that day made an attack with a razor upon the other patients in the institution, who were in bed at the time. He badly gashed the throats of twenty-four of them, killing two patients and the head nurse.

—The Commission appointed by the Commissioner of Agriculture in November to investigate "hog cholera," of which Dr. Shakespeare, of Philadelphia, is chairman, has prepared its report. The Commission recommends further experiments to determine the value of different systems of inoculation.

—Dr. J. R. Taylor, of Phillipsburg, Pa., a graduate of the University of Pennsylvania, in 1878, has been elected to the Chair of Pathology and Practice of Medicine, in the Medical College of South Carolina, at Charleston. He will enter upon his duties with the beginning of the Winter Session, Oct. 1, 1889.

—It is reported, under date of August 25, that there are seventy-six cases of diphtheria at Moscow, Ohio. The village has 600 inhabitants, and the sanitary conditions of the place are said to be very bad. Death frequently results when the patient is apparently convalescing, sometimes an hour after a child is up and walking around.

—The corner-stone of the Delaware Hospital in Wilmington, was laid August 18, 1889. The exercises concluded with an address by Bishop Leighton Coleman, of the diocese of Delaware. The cost of the grounds and building when completed will amount to $20,000, $16,000 of which is in hand. The building will be ready for patients in December next.

—Since the latter part of May the water of the Seine has been distributed in two *arrondissements* of Paris. Usually this only happens during the hottest weather, towards the end of June or the early part of July. This year it will probably be necessary by that time to furnish the Seine water to a large part of Paris. The water is not considered especially healthful, and is of a yellow color.

—Dr. John Jordan Brown, a notice of whose death at Mifflinville, Pa., appeared in the *N. Y. Medical Journal*, July 10, 1889, writes to the same journal from Bloomsburg, Pa., as follows: "In the obituary notices of July 13, you make a note of my death. I wish to make a few corrections. 1. I no longer live in Mifflinville, Pa. 2. I never was a member of the Legislature. 3. I never died. The balance of the notice is correct."

—Lady Decies recently presented prizes at the West End (London) Hospital for Nervous Diseases to the successful students in the annual examination on massage and electricity. The twenty-guinea gold medal and the silver medal were awarded to Miss A. C. Good and Mrs. Theresa Keogh respectively, and certificates of honorable mention to Miss K. Saint Clair, Miss M. Sullivan, and Mr. G. Atkins.

—The coroner's jury of Clay Centre, Kansas, brought in a verdict that the killing of J. P. Wellington, of Wichita, a St. Louis drummer, by Dr. J. P. Stewart was justifiable homicide. Wellington was attempting to break up the family of Frank Head, whose wife was Dr. Stewart's daughter. Upon being encountered in the street, he was first caned by the irate physician and then shot through the brain. The doctor gave himself up, but has since been entirely exonorated.

—Dr. Edward A. Martin, chemist of the New York Health Board, has made a report to that body regarding the escape of gas from the subways. He says: "There are 1,100 miles of gas mains in New York, and 10 per cent. of the gas made escapes. Last year there were manufactured 8,660,000,000 cubic feet of gas, and 866,000,000 cubic feet escaped into the streets. There is great danger of explosion from the accumulation of gas in the subways, and some means should be taken to give them ventilation."

—Dr. Brown-Séquard is an American. His father, Captain Edward Brown, of the American navy, was a Philadelphian and married a French woman on the Island of Mauritius named Séquard. He and his descendants took the name of Brown-Séquard. The distinguished scientist was the eldest child. He was educated in France, but was afterwards a Professor in Harvard, and practised medicine in New York for some years after 1873. He married twice, his first wife being Miss Fletcher, of Boston, a relative of Daniel Webster.

—Quite a stir has been occasioned in London recently by the prosecution of a landlord for overcrowding his tenement house. The landlord was prosecuted at the instigation of the health officers, was convicted and sentenced to fourteen days' imprisonment. Under another clause of the same act a tenant a few days before recovered a verdict of £50 damages against a landlord, who refused to replace the bad drains on his premises. The tenant's wife and three children died in the house presumably as a result of the defective drainage.

—The ninth annual meeting of the Lehigh Valley Medical Association was held at the Glen Summit Hotel, Glen Summit, Pa., on Friday, August 16, 1889. There was an Address of Welcome by L. H. Taylor, M. D., of Wilkes-Barre, a paper on Evolution in the Causation of Disease, by G. M. Best, M. D., of Rosemont, N. J., President of the Association, and the Annual Address, on Railroad Shock and its Treatment, by Francis X. Dercum, M. D., of Philadelphia. The Secretary of the Association is Charles McIntyre, Jr., M. D., of Easton, Pa.

—The twenty-second annual meeting of the West Virginia State Medical Society was held at White Sulphur Springs, W. Va., July 17 to 19, 1889. About 100 delegates were present from all parts of the State and some from adjoining States, the President being L. D. Wilson, M. D., of Wheeling. After an interesting meeting, varied with social entertainment, the following officers were elected for the ensuing year: President—Dr. S. H. Austin, of Lewisburg; Vice-presidents—Dr. Thomas R. Evans, of Charleston, Dr. J. D. Myers, of Huntington, Dr. V. R. Moss, of Barboursville, Dr. D. Mayer, of Charleston; Secretary—Dr. J. T. Fullerton; Treasurer—Dr. John A. Campbell, of Wheeling.

The society adjourned to meet next year at Wheeling, W. Va.

—A despatch from Jacksonville, Fla., dated August 20, stated that Dr. Joseph Y. Porter, Assistant Surgeon in the United States Army, and State Health Officer of Florida, returned to Jacksonville from South Florida the day before. He found an order of the War Department awaiting him, directing him to proceed to Jackson Barracks, Louisiana. He thereupon sent in his resignation from the army. He stated that he had been retired in 1885, for disability acquired while in service; that after this he had voluntarily done duty in the Key West, Tampa, and Jacksonville epidemics of yellow fever. He thought it unjust, without a word of warning, to be ordered away to another State, after he had been told he was never to go into active duty again. On Aug. 24, the Acting Secretary of War suspended the order, and it is probable that he will be permitted to remain in his present station indefinitely, in conformity with the desire of the people of Florida.

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CLINICAL LECTURE.

SEXUAL PERVERSION, SATYRIASIS AND NYMPHOMANIA.[1]

BY G. FRANK LYDSTON, M. D.,

CHICAGO.

[CONCLUDED.]

Some of the manifestations of sexual perversion, quoted by various authorities, are very extraordinary, and it is difficult to associate them with titillations of the sexual sensibility. Perhaps the most familiar of these cases is that of Sprague, who was committed in Brooklyn a number of years ago for highway robbery.[2] It is unnecessary to present this case in detail, but an outline of it may prove interesting. Sprague was arrested immediately after having assaulted a young lady by throwing her down, violently removing one of her shoes and running away with it. He made no attempt to steal anything else, although she had on valuable jewelry. When the trial came on, insanity was alleged as a defense. Numerous witnesses, the principal of whom was the father of the defendant, a clergyman of the highest respectability, testified to the erratic conduct of the prisoner. A family history was elicited which bore most pertinently upon Sprague's case. His grand-father, grandmother, great-grand-uncle, three great-aunts, and a cousin having been insane. He had himself in his youth received numerous blows and falls upon the head, and within a year from the last head injury he had developed severe headaches, associated with which his friends noted a bulging of the eyes. About this time the prisoner developed a fondness for stealing and hiding the shoes of females about the house, and it was found necessary by his relatives and the female domestics to carefully conceal or lock up their shoes to prevent his abstracting them. Upon investigation it was discovered that the act of stealing or handling the shoes produced in him sexual gratification."

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[1] Delivered at the College of Physicians and Surgeons, Chicago, Illinois.

[2] Beck: Medical Jurisprudence, Vol. I, 1860, p. 732.

Wharton[1] several years ago chronicled a most peculiar case of sexual perversion. In this instance the morbid sexual desire impelled the individual to assault young girls upon the streets of Leipzig, by grasping them and plunging a small lancet into their arms above the elbow. The fact was developed after his arrest that these peculiar acts of assault were accompanied by seminal emissions. This authentic case gives a vivid coloring to the rational hypothesis that the now famous Whitechapel assassin is a sexual pervert, a theory which Kiernan in particular has supported, and which I believe has suggested itself to the minds of the majority of medical men who have given the murders even slight consideration.

Many cases of sexual perversion manifest themselves only under the influence of disease or of drunkenness. Ovarian irritation and those more obscure cases of hysteria, in women, which we are unable to trace to a definite physical cause, are frequently associated with sexual perversion. The physiological (?) disturbance incidental to pregnancy is, in certain neurotic patients, productive of similar aberration. Whether the influence of liquor obtunds the moral faculties or develops an inherent defect of sexual physiology in any given case, is of course difficult to determine. I know of an individual who conducts himself with perfect propriety when sober, and who is a man of exceptional intellect, but who, when under the influence of alcohol, is too low for consort with the human species.

The association of sexual perversion with malformations of the sexual organs with or without associated close approximation to the general physique of the opposite sex, male or female, as the case may be, is certainly not surprising. I have met in my own experience with a most peculiar illustration of this form of sexual perversion, in the form of a young mulatto hypospadiac. This man had marked hypospadias, and had, it seems, an affinity for women, as illustrated by the fact that he contracted a gonorrhœa in the normal manner. That he also had a predilection for the passive role in the act of copulation was demonstrated by the fact that a number of young lads, ranging from ten to seventeen years of age, who lived in the neighborhood in which the spurious hermaphrodite was employed in the capacity of cook, contracted from him typical gonorrhœa, for which several of them came under my care.

A peculiar case was recently reported to the Chicago Medical Society by Dr. A. R. Reynolds, of this city, of a man who had a love affair with a woman whose right lower extremity had been amputated at the thigh, and became so much attached to her that he was afterwards impotent with perfectly formed women, it being necessary for him to secure females who had undergone mutilation similar to that of his former attachment in order that he might be sexually gratified.[1] A peculiar phase of sexual perversion is occasionally seen among masturbators, male and female. The individuals suffering from this have a peculiar predilection for titillating the sexual organs in the most outlandish fashion. Such patients are in many instances particularly fond of introducing foreign bodies of various kinds into the urethra and thus gratifying their sexual desires. Such cases occur even among persons who have opportunities for normal gratification. Thus an interesting case is reported by Poulet[2] of a married woman, the mother of three children, who failed to receive gratification from ordinary intercourse, and practiced masturbation with a blunt piece of wood fastened to a wire. Her unfortunate failing was exposed through the slipping of the foreign body from her grasp into the bladder. Kiernan reports a somewhat similar case of an insane girl who was admitted into his service at the Cook County Insane Asylum. In this instance the physical appearance of the sexual organs and anus led to a suspicion of pederasty which was confirmed upon investigation.[3]

I have already directed your attention to forms of sexual perversion which do not conform to Westphal's definition of *Contrare Sexualempfindung*, which implies a sexual predilection on the part of an individual for those of his or her own sex with an inversion for sexual intimacy with those of the opposite sex. In my opinion certain other cases of disease, the principal manifestation of which is excessive sexual desire, are really forms of sexual perversion. Such cases are often met with in both the male and female.

Satyriasis is a disease that occurs in the male, with or without insanity, the principal manifestation of which is an abnormally excessive and unreasonable sexual desire. It is not a frequent disease as brought to the attention of the physician, probably because the opportunities for gratification of the male are relatively numerous. The disease consists of a constant desire, attended with vigorous erections, which no amount of sexual intercourse in some instances will gratify. It has been termed "erotic delirium," and it may or may not be due to coarse disease of the brain. In the worst cases of the disease, the unfortunate individual may be the subject of mania and delirium of a violent form. Acton[1] relates the case of an old man, suffering from satyriasis, whose desire was so extreme that he would masturbate whenever he was brought into the presence of women. After his death a small tumor was found in the pons varolii. Shocks and injuries involving the cerebellum are peculiarly apt to be followed by persistent erections. This phenomenon has been noticed in connection with executions by hanging. Injuries of the spinal cord, although in the majority of instances inhibiting the sexual function by producing complete paralysis of that portion of the cord which seems to bear an intimate relation to sexual sensibility, produce in some instances from irritation of the same nervous structure, persistent erection. Cases of this kind are related by Lallemand.[2] The following case is one which has been most frequently quoted: "This man was a soldier, who, in climbing over the walls of the garrison, fell upon his sacrum. Following this injury, he became paraplegic and suffered with persistent priapism. This lasted for some time, and could not be relieved by intercourse. All pleasurable sensations and the power of ejaculation were destroyed, although sexual desire was very ardent. During sleep, however, the unfortunate subject had lascivious dreams, accompanied by slight sensation and ejaculation."

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[1] A Treatise on Mental Unsoundness, etc. Philadelphia, 1873.

[1] *Western Medical Reporter*, Nov., 1888.

[2] "Foreign Bodies."

[3] *Western Medical Reporter*, Nov., 1888.

The causes of satyriasis, as enumerated by different authorities, are: masturbation, diseases of the brain, particularly those affecting the cerebellum, injuries and diseases of the spinal cord, sexual excesses and the administration of poisonous doses of cantharides. Prolonged continence is another rare and dubious cause to which satyriasis has been ascribed. J. W. Howe,[1] quoting from Blandet, describes a case of this kind. The patient was an earnest, hard-working and zealous missionary. He was unfortunate in the possession of an intensely passionate nature, although he had not gratified himself in a vicious manner. So intense was his excitement in the presence of women that it became necessary to seclude himself from them as far as possible. This plan proved a failure, for he became so much worse that he suffered from satyriasis in an extreme degree. A cure was finally accomplished by the normal indulgence of his passion.

The mild form of excessive sexual desire called priapism may be due to local irritation. In some instances such irritation will produce severe priapism without sexual desire. I have at present under my charge a gentleman who is suffering in this manner. He is about fifty years of age, and has been somewhat dissipated and a high liver, as a consequence of which he has gout in an extreme degree. He has suffered for several years from vesical irritation, attributed by him to stricture of long standing. The urethra on examination presents no abnormality; the urine is highly concentrated and strongly acid. As soon as the patient retires for the night, he begins to be troubled with severe erections, which are so marked as to be quite painful, and which persist during the entire night. Sexual intercourse gives no relief. I can only attribute this case to sexual hyperæsthesia, incidental to long continued gout and irritation of the genito-urinary tract. This does not manifest itself during the daytime, but during the night; when, as is well known, the spinal cord is relatively hyperæmic and in a condition of increased functional activity. The same explanation holds good here that prevails in nocturnal emissions.

Nymphomania (erotomania, furor uterinus) is a disease analogous to satyriasis, occurring in the female. It is characterized by excessive and inordinate sexual desire, and very often by the most pronounced lewdness and vulgarity of speech and action. In the most severe forms, it is apt to be associated with, and dependent upon, other forms of insanity, with or without gross brain disease. In some instances the disease is a reflex manifestation of irritative affections of the sexual apparatus. Thus, ovarian and uterine diseases are apt to be associated with it. Any irritation about the external genital organs in a female of hysterical temperament may produce the affection; all that is necessary being a nervous and excitable state of the nervous system, a passionate disposition, and the existence of local irritation of the sensitive sexual apparatus. Some of the recorded cases of nymphomania are very pitiful. It has been known to be associated with the cerebral disturbance incidental to pulmonary consumption. Thus, a case has been recorded of a woman who, in the last stages of this disease, exhibited the most inordinate sexual desire, and but a short time before her death importuned her husband to have intercourse with her.

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[1] On the Reproductive Organs.

[2] On Spermatorrhœa.

[1] Excessive Venery.

The association of hysteria with this unfortunate condition of the mind and sexual organs is one with which nearly every gynecologist of experience is perfectly familiar. Nymphomania is also known to occur as a result of masturbation and sexual excess. In women of a highly erethistic temperament, it has developed as a consequence of sudden cessation of the normal method of sexual indulgence.

A knowledge of sexual matters is by no means necessary to the development of nymphomania, for it has been known to occur in individuals who had neither masturbated nor indulged in sexual intercourse. Some of the most painful cases of the disease have occurred during pregnancy. The principal astonishing feature of such unfortunate cases is the acquirement of lewd actions and expressions on the part of women previously and naturally pure-minded and refined. Such women may use expressions and commit actions that lead the physician to wonder where they possibly have acquired a knowledge of them.

The gynecologist is compelled to be on his guard with reference to a not infrequent form of nymphomania, but one which is little suspected by those surrounding the patient, in which the woman develops a fondness for gynecological manipulations. The subterfuges and devices of such patients to induce handling of the sexual organs on part of the physician are something remarkable. Perhaps one of the most frequent forms of this malingering is the pretense of retention of urine; although every disease which they may have heard of will be complained of by such patients in their insane endeavors to obtain manipulations at the hands of gynecologists.

Howe relates an interesting case of this kind occurring under his observation at Bellevue Hospital: "A girl, æt. 18, was admitted supposed to be suffering from retention of urine. She was thin; her eyes were deep-set, but bright and staring, and were found filled with tears. Her statement was that she had passed no water for three days; that she was subject to these attacks and was treated by having her water drawn off. I introduced the catheter, and found only a few ounces of urine in her bladder, not enough indeed to corroborate her history. The next morning, as she had not urinated during the night, I drew off the urine again. While doing so, I noticed by a series of peculiar convulsive movements that she was under the influence of strong excitement. Further examination showed that the labia minora, clitoris and adjacent parts were red and swollen and bathed in a profuse mucous secretion. I then remembered that on the previous evening she had shown a somewhat similar state of excitement, and gave the nurse orders to watch her closely all day. In the evening the nurse informed me that the patient kept up a constant friction of the genitals when she supposed no one was watching, and even when eyes were on her she endeavored by uneasy movements in the bed to continue the titillation. Knowing then what I had to deal with, the patient was given a sedative and told that she must empty her bladder without assistance. For thirty-six hours subsequently she obstinately insisted on her inability to urinate. When she was told no catheter would be employed again there was no further retention. Soon after she left the hospital I learned that a physician friend of mine was treating her for uterine disorder, but he too soon found out the true nature of the case, and advised her to get married." Several cases of a similar nature have come under my own observation, one during my hospital experience, and two others in private practice.

The treatment of satyriasis and nymphomania consists chiefly in the removal of irritation of the sexual apparatus, the administration of anaphrodisiac remedies to be hereafter considered, and attempts to restrain sexual excesses, or to break the habit of masturbation, as the case may be. Where there is actual organic disease the case is likely to be found to be incurable in the majority of instances, particularly if the structural disease involves the nervous centres. In women, extirpation of the ovaries, or the procedure of Mr. Baker Brown—clitoridectomy—may be performed. Howe recommends the application of the actual cautery to the back of the neck. Basing this treatment upon the theory that the disease takes its origin in over-excitation of the nerve fibres of the cerebellum or some of the ganglia in the neighborhood, he also suggests blisters and setons to answer the same purpose. Dry cupping to the nucha is also serviceable. Means to restore the general health are always indicated. In the severe cases of the maniacal form of excessive sexual desire the asylum is usually our only recourse.

COMMUNICATIONS.

A NEW FOTHERGILL PILL.

BY JOHN AULDE, M. D.,

DEMONSTRATOR OF CLINICAL MEDICINE AND OF PHYSICAL DIAGNOSIS IN THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

Some years ago my attention was attracted by the very complimentary remarks of the late Dr. J. Milner Fothergill in regard to a certain form of pill, the principle ingredient being ipecacuanha. This complimentary allusion to the combination appeared in an advertisement, in connection with the published formula, which was distributed by a manufacturing house in this country. According to my recollection, after giving some general directions in regard to its administration, Dr. Fothergill closed by saying: "Aha! How many times have I ordered this pill, and how many hundreds of my patients have taken it with the greatest satisfaction." Such an indorsement, of course, was sufficient to merit consideration and careful investigation. I found on looking up the matter that a number of manufacturing houses had placed this pill upon their list, and that it appeared sometimes as Fothergill's anti-dyspeptic pill, and at other times simply as a carminative pill. The published formula may be found in quite a number of text-books, as well as in the lists already referred to, and therefore it need not be reproduced here. Suffice it to say, that I have modified the pill as originally given, by varying the amounts of the different ingredients used, and at the same time, I have added to it a small quantity of the oil of cloves to flavor the pill and to obtain certain beneficial effects dependent upon the fact that the oil of cloves is supposed to act upon the intestinal mucous membrane, increasing the secretions. In this connection I may mention that I began using this formula probably five years or more ago, and have continued its use either in this form or in some modified form ever since. At first I tried very many combinations, by making additions to and subtractions from the original, but finally I decided upon this formula, because it seemed to answer the general demands of the system more fully than any other combination. Dr. Fothergill's high appreciation of aloes or aloin is well known, and I thought possibly that a small quantity of that substance might be combined with it to advantage, but I found afterwards that such a combination was not adapted to all cases. The same rule applies to the use of the bichloride of mercury. Both of these remedies are especially indicated: the first by reason of its value in unloading the lower bowel, the second on account of its efficiency as an hepatic stimulant. This observation will be more fully appreciated when we consider that this pill, as a whole, is intended probably more as a stimulant of the liver than for any other purpose. The ipecac it contains is a most valuable ingredient, and this is probably due to the emetine which it contains. A copy of the formula will enable the reader more fully to understand and appreciate the advantages which is claimed for it. It is as follows:

℞ Strychnine sulphate	gr. 1-50
Powdered Ipecacuanha	gr. 2-3
Powdered black Pepper	gr. 1-4
Extract of Gentian	gr. 1
Oil of Cloves	gtt. 1-20.

M. et fiat pil. No. 1. S. Take after each meal.

By increasing the amount of the ingredients, of course any number of pills can be ordered at one time, 30, 50, or 100, but within the past three years I have made it a practice to order them in large quantities, 3,000 to 5,000 at one time, gelatine coated, which enables me to dispense them promptly to my patients, while they are assured of getting exactly the preparations which I have ordered. The fact that pills become hard after they have been allowed to become old is somewhat of an objection to a preparation of this kind, but my experience does not lead me to infer that there will be any difficulty if the pills are properly prepared; as I have found, on keeping some especially for the purpose of making investigation, that, even after the lapse of a year and a half, there is but little change in their character, and their solubility is quite as satisfactory as could be wished for. Some may object to the large dose of ipecac, but it is only in rare instances that this amount will be found to disagree, and in the large majority of cases it will be found to be a very superior remedy, fully entitled to the meed of praise which was given it by the late Dr. Fothergill. A child 6, 8, or 10 years of age suffering from a bad condition of the liver, generally termed biliousness, can readily take a half a grain of ipecac, in the form of a tablet triturate, after meals. For the first day or two, to prevent gastric derangement, it may be well to have the child lie down for ten or fifteen minutes after the ingestion of the pill, but after that period no difficulties need be apprehended unless a considerable quantity of water or other liquid is taken with the meal, in which case of course the ipecac is dissolved, forming a solution which is very irritating to the stomach.

The great benefit to be derived from the exhibition of ipecac in the liquid form in small doses I do not overlook, but in cases of this kind it is doubtful if these small doses would reach the difficulty which is intended to be overcome. We cannot deny the fact that when ipecac is given in a liquid form only a small amount is necessary to create considerable disturbance; while in the form of a powder, a pill or triturate, as much can be given at one time as would be sufficient if used in a liquid form to last for a whole week. The general action of this pill with be further understood by an analysis of the whole number of ingredients contained therein. The strychnine acts as a nerve tonic and stomachic stimulant; the ipecac has a sedative effect upon the stomach as well as upon the liver; while the black pepper is useful as a carminative, and the gentian acts as a simple bitter. The idea of combining with it the oil of cloves has already been explained. The successful use of this combination depends to a considerable extent upon the condition of the bowels, and, as stated, Dr. Fothergill laid great stress upon the exhibition of aloin or aloes. Occasionally it will be necessary to vary this to meet certain demands or idiosyncrasies on the part of the patient; Rochelle salts may be conveniently substituted, or a small amount of the resin of podophyllum may be allowed to take its place; for temporary use the phosphate of soda will be found an excellent adjuvant and should not be forgotten.

Some of the indications for the use of this pill either as a whole or in a modified form may be briefly pointed out as follows: In cases of liver troubles marked by congestion, torpidity, and a general deficiency of secretion, such as is frequently seen in children and in adults, manifested by irregularity of the bowels, pasty stools, and a general feeling of malaise and drowsiness during the daytime, with restlessness and insomnia at night. Primarily it is intended to increase the activity of the liver, but secondarily the stomach and the intestines are benefited; because, the congestion of the hepatic gland is being overcome, the functions of both stomach and intestines are carried on much more perfectly. It would be interesting here to speak of the influences which are brought about through the presence of ptomaines and leucomaines and extractives, and the value of phagocytes in preventing the distribution of bacteria, or the poisons developed therefrom throughout the system, but that matter I presume is fully understood by the general practitioner at the present time. In pulmonary affections such as bronchitis of a chronic character, which is often due in part to liver disturbances, this pill may be used with the greatest satisfaction. Not infrequently cases of this kind appear where the exhibition of the New Fothergill pill will be sufficient to relieve the congestion of the hepatic gland, and increase the pulmonary secretion, or rather to increase the discharge of pulmonary secretions which have been accumulating for a considerable time in the bronchial tubes. In these cases patients complain about palpitation of the heart, shortness of breath; the stomach as indicated by the appearance of the tongue, is in a very unsettled condition, and the temptation is very strong to administer one of the physiological remedies for the purpose of overcoming this stomach disturbance upon which the derangement of the circulation is supposed to depend; but the administration of the Fothergill pill will be found far superior to any method of this kind, because it goes direct to the affected organ and relieves the whole system by encouraging and keeping the circulation in an active condition. The effects are also seen on the cutaneous system, which takes on a more healthy condition; the secretions are increased, the character and appearance of the skin rapidly improve, and everything indicates that the general functions are performed more nearly perfectly than before its administration. Occasionally the physician will be tempted to administer iron for its tonic effect, instead of ipecac, in cases of debilitated conditions of the system, marked by many of the symptoms here outlined, and will often be surprised because no apparent benefit is derived from a method of treatment which promises so much. If the use of the pill is allowed to precede the administration of the iron, and due attention is given to the condition of the bowels, he will be greatly surprised at the rapid improvement in the condition of the patient, and will then not hesitate to administer iron and other blood tonics.

4719 Frankford Ave.

ENLARGEMENT DURING LACTATION OF A PERFORATING BRANCH OF THE INTERNAL MAMMARY ARTERY.

BY A. L. BENEDICT, M. D.,
BUFFALO, N. Y.

While ausculting the chest of a puerperal patient, a sound was heard in the second right intercostal space simulating a double aortic murmur. On moving the stethoscope slightly outward, the sound took on the characteristics of an aneurysmal *bruit*, but it varied greatly in quality and intensity from one heart-beat to the next. A little manipulation showed that the sound was due to pressure of the stethoscope and, on palpation, an artery was plainly felt emerging from the second right interspace, extending obliquely downward and outward, becoming tortuous as it approached the right breast, and finally disappearing in the substance of that organ. The vessel was freely movable in the subcutaneous tissue; it seemed to be considerably larger than the facial, but not quite so large as the radial artery. The blood current was toward the breast. None of the other perforating arteries were large enough to be apparent. An examination six weeks later showed no change in the size of the artery.

The woman was twenty-seven years old, and she gave the history of one abortion and four previous deliveries at term. While nursing one of the children a few years ago she had had an abscess of the left breast, which had incapacitated it.

The case has been of interest to me on account of the possible error of diagnosis, and also because, after consulting several anatomical and obstetrical authorities, some by reference to printed works, and others in person, I have been unable to learn just what enlargement of the perforating arteries is to be expected during lactation.

TREATMENT OF GALL-STONES BY MASSAGE.

BY J. T. McSHANE, M. D.,
CARMEL, IND.

The case of successful treatment of gall-stones by massage, by Dr. J. A. Comingor, described in the REPORTER, July 27, calls forcibly to my mind a case in point which I had some years ago. As will be seen in the following report, the treatment was not given with a view to dislodging the gall-stones, but the results prove the efficacy of the treatment in accomplishing this end.

Isaac M., 58 years old, weight 240 pounds. For some years he had occasionally been troubled with violent pain in the region of the liver. He had also been troubled with tenderness in the same region, the tenderness being more marked after one of his attacks of pain. Jaundice was more or less constant during these years of his complaint. He kept on hand a supply of morphine, which he took as the symptoms required. In August, 1876, he had an unusually violent attack, and in his desperate distress took morphine to such an extent that alarming symptoms were produced. Under these circumstances I was called in, and found him completely narcotized. The most vigorous efforts failed to make any impression toward arousing him, except when pressure was made over the region of the liver. I took advantage of this vulnerable spot, and kept arousing him from his deep slumber by vigorously pressing and churning him in this region. This, with other measures for his relief, was continued for five hours, when I felt safe in leaving him in charge of the family.

On the second and third days following he passed a number of gall-stones, some of which were unusually large. His stools, which had been light in color, now assumed the normal hue, his jaundice disappeared. The tenderness, from which he had not been free for so long, then entirely disappeared; and he was never again troubled with the hepatic pain during the remaining ten years of his life.

I was quite sure that the violent churning which he received had forced the gall-stones through the duct.

TOLERANCE OF IODIDE OF POTASSIUM.

BY ANDREW GRAYDON, M. D.,

PHILADELPHIA.

In the letter from Berlin in the REPORTER, June 29, 1889, there was chronicled a note illustrative of the tolerance of iodide of potassium. A soldier took in twelve hours 300 grains in eight fluid ounces of water without any injurious effects. The following brief history of a recent case shows much larger amounts taken.

G—— came to me a few months ago complaining of his eye. The symptoms indicated gravity, and so I sent him to my friend Dr. L. Webster Fox for an opinion. He pronounced it an aggravated case of choroiditis, of specific origin. One eye was irretrievably gone; the other in a fair way of reaching the same condition. The prognosis was almost without hope.

A mixed treatment, with the application of the galvanic current, was advised. After a time progress did not appear satisfactory under the routine dosage, and I determined to push the iodide of potassium, alone, to its limit. I ordered the patient a solution of the salt in water, beginning at fifteen grains daily, with an increase of six grains each successive day. This treatment, with galvanism, was faithfully carried out. About the 49th day he was taking 303 grains daily, and from that on, 43 days longer, he kept adding to this already large amount six grains daily, until on the 91st day the dose was 555 grains.

A little computation will show what an enormous quantity of the iodide the patient took in those 91 days, aggregating almost fifty-five ounces. From this point I decreased the dose by the same rate for some days, and then more rapidly, until the treatment was stopped. In all this dosage there was no appreciable sign of iodism; a very extensive crop of acne was the only annoyance.

The result of the treatment was most satisfactory. The case was a desperate one; total blindness seemed inevitable, and we concluded, if there was any benefit to be derived from the iodide, it could only be obtained by pushing the drug until the system showed some response. It was with great gratification that, when we reached the large doses, we found marked improvement—in fact it was a surprise. The eye that was partially affected cleared up—so much so as to permit of quite satisfactory use, and with an absence of the hitherto persistent pain.

A long experience with the use of the galvanic current has proved its utility in many of these eye troubles. It is remarkable how quickly and permanently choked discs clear up, the pigmentary deposits seeming to melt away under its influence—in non-specific cases, I mean. Of course, if syphilitic, I would push the iodide. Where pain is a prominent symptom, galvanism will remove it surely and quickly. There is a wide field in ophthalmic practice for this agent. It should be applied carefully and with precision. No guess-work should be used, estimating the force by the number of cells. The milliampère-meter should always be in the circuit, in this and in all electric work. In a large experience I have never seen a bad result.

My practice is to give, in any eye-work, from one to five milliampères, during from two to ten minutes. This amount of current and length of sitting depends—as does the choice of poles, also—upon the character of the case to be treated.

1437 North Twelfth Street.

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—Dr. George Purviance, of the United States Marine Hospital Service, at Baltimore, has received notice from the Surgeon General's Office, at Washington, of his appointment as chief surgeon and custodian of the Marine Hospital at Philadelphia. Dr. William Henry Harrison Hutton, of Mobile, Ala., has been appointed successor to Dr. Purviance at the Remington Avenue hospital, Baltimore. The changes will take effect in the early part of August. Dr. Williams, of Cape Charles Quarantine Station, at Norfolk, has just arrived in Baltimore to assume his post of assistant surgeon of the Remington Avenue hospital.

REPORTS OF CLINICS.

HARLEM HOSPITAL—NEW YORK.

SURGICAL CLINIC—DR. THOS. H. MANLEY.

Strangulated Hernia.

The first case presented at this clinic, on April 3, was that of a young man, who had strangulated hernia of the oblique inguinal variety. This patient, who was twenty-four years old, entered the hospital the day previous, with the following history: Since childhood he had always worn a truss, on the right side, until about six months ago, when he removed it, supposing that he was cured. Some time thereafter, attempting to lift a heavy weight, he felt something give way in the groin, and he soon discovered the reappearance of his old rupture, but with this difference, that it gave him pain and could not be returned as formerly. After his family physician had failed to relieve him he came to the Hospital.

Originally, as we learn from the patient's history, the hernia was undoubtedly congenital. The herniæ coming at or immediately after birth may, if properly supported with a suitable truss, undergo a spontaneous cure. As the obliquity of the canal increases with bodily growth, the tendency to recovery is enhanced; and if this patient had pursued some occupation in which tests of strength were not necessary he would, probably, never have seen his rupture return. Dr. Manley then remarked that there was another feature in the case well worthy of notice, and that was the rapid transition in the hernia itself. At its entrance, the protrusion was very small, presenting a small knob-like swelling, just outside of the external ring. An operation was declined at this time, and efforts to return it having failed, there were most marked local changes in the next twenty-four hours. Extensive effusion had taken place along the cord, and the vaginal tunic was enormously enlarged from serous effusion; in other words, septic peritonitis had commenced, and there were most pronounced constitutional symptoms present.

Dr. Manley said he would, in this case, operate by what is known as the McBurney method, a method as yet unrivalled, especially when applied to strangulated hernia, as it always results in a permanent cure of the rupture if the patient survive. Dr. Manley believes the patient always will survive if he is operated on early. Besides, the operation invariably eliminates the two great dangers of other operations, viz., septic infection and hemorrhage.

The operation was begun by making a long, free incision from above the internal ring, through the skin, carrying it well down into the scrotum immediately over the hernial swelling; and after clamping off the divided vessels in the subcutaneous tissue, the opening was continued downwards, from above, until the neck of the sac was reached; then layer by layer, the different coverings were cut away until the serous membrane was found. When this was opened, it was discovered that the testis was small and undeveloped, and lying free in this pouch of peritoneum. The hernia had a true sac, the canal remaining open since birth—a genuine case of the congenital variety. The sac was now opened and found greatly distended with serum. A small knuckle of intestine was seen, and slipped immediately between the pillars of the external ring, when the sac was dissected free from the firm adhesions which it had formed. The spermatic cord was then divided high up, and the testis enucleated. It was explained, that the removal of the testis was no part of McBurney's operation, but that as the testicle was much atrophied, and probably useless, it was better out of the way. The sac was now drawn well down, and cut off on a line with the inner border of the internal ring. The second step of the operation, in this variety of hernia—the opening with scissors of the inguinal canal up to the inner opening—was then concluded, and the strangulated gut was returned and the sac removed. The next step was the closing in of the breach made in the tissues. Every antiseptic precaution was taken in the meantime, and all parts thoroughly flushed with sublimate solution. The cuticle, on the inner side, was sewed down to the conjoined tendon, six interrupted sutures being used. On the outer side, the sutures also included the skin, and took in the fascia transversalis; the same number of sutures were here also applied. The furrow made by the lapping in of the cutaneous margins of the wound was now well flushed and the tension-sutures applied, each being inserted about an inch from the margin of the incision, and secured by a close knot. The object of these last sutures, Dr. Manley said, was to favor the approximation of the edges, and besides, to relieve tension. They were to be removed on the fifth day. The parts were now dusted with iodoform, the whole packed from the bottom with iodoform gauze, dressings applied, and the patient was returned to bed. The patient made an uninterrupted recovery, and left the hospital cured in just four weeks from the date of the operation.

Mollities Ossium.

The next operation was amputation at the hip-joint for mollities ossium of the shaft of the femur.

The patient was a woman thirty years old, and unmarried. Five years before she, while washing a floor, had a needle driven into her knee, and though it was soon removed, she never felt quite right in that limb since the occurrence. Abscesses formed along the femoral shaft, which would open and close, only to break out on some part of the limb.

Dr. Manley said that the pathology of the affection was not well understood. The traumatism induced by the needle, he thought, was not enough to explain the difficulty, though it might have been an exciting cause. Syphilis, either inherited or acquired, is alleged by some to be an active factor in its production, though Dr. Manley did not believe it was at the bottom of the trouble in this case.

As to the operation, he proposed to deal with one part of it, by a method which had only been adopted by himself, as far as he could learn, in doing amputations; he claimed for it advantages of great value, which, he felt sure, would be soon appreciated by surgeons—and this was the manner in which he controlled hemorrhage. The operation was begun by making the incision after the manner recommended by Bryant, of England, *i. e.*, going through the tissues vertically, instead of the horizontal transfixion-incision, usually in vogue. The first incision through the skin, was immediately over the emergence of the femoral artery from under Poupart's ligament, the inner margin of the oval then carried down, over the artery, about an inch, when the line for flap took an outward direction. The same proceeding was gone through on the opposite side, but in a different course. Each flap having been commenced, the crucial-pointed section of skin from which each was separated was now dissected up—the tissues with it—till the vein and artery were seen. A heavy double suture of twisted silk was then run through a sharply bowed needle, and the latter, seized with a needle-holder, pushed under both the femoral artery and vein. The needle having been brought through, both vessels were securely closed, by drawing firmly on the ligature, until pulsation in the distal end of the artery had ceased. They were secured by a sliding-knob. Dr. Manley remarked that his object was to close the vessels without impairing their coats' integrity; therefore care was to be taken in drawing on the ligature, not to draw it tightly, but firmly; and further that the ligature was but a temporary application, hence he designates it the *temporary-transfixion-ligature.* This knot is only to be liberated, after the joint had been disarticulated and all bleeding vessels secured, so as to allow the vessel and its branches to fill again. Of the blood coagulating at the point of constriction, Dr. Manley had no fear, as he had tested this with the blood-vessels of animals, and found that the blood, in the healthy artery, could be dammed back for six hours and more, without undergoing any physical change. The deep tissues were now transfixed in the usual way. The absence of hemorrhage was noticeable; the femoral artery and its divided end was empty and quiescent, and the operation was gone through without any annoyance, as far as hemorrhage was concerned. After placing a stout ligature over the opened end of the femoral artery, and securing its divided branches, the knot above was slipped, the vessels quickly filling again, and the temporary ligature removed. There was but little oozing after the blood current was let on. A drainage tube was now inserted, the wound closed, and the usual dressings applied. The patient made a good recovery, there was no secondary hemorrhage, and the wound healed by primary union.

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—By the will of the late Alonzo Clark, M. D., LL. D., it was placed in the power of the Faculty of the New York College of Physicians and Surgeons to bestow a scholarship, with an income of about nine hundred dollars a year, for the purpose of promoting the discovery of new facts in medical science. This has been bestowed, for three years from October 1, 1887, upon T. Mitchell Prudden, M. D., of New York City.

FOREIGN CORRESPONDENCE.

PARIS LETTER.

(FROM OUR SPECIAL CORRESPONDENT.)

The Congresses.—Antithermic Medication.—Syphilis.—Heart Tonics.—Pneumonia.—Ptomaines and Germs.—Syphilis.—Hypnotism in Therapeutics.

PARIS, August 23, 1889.

Paris has presented this month a capital chance of studying the symptoms of "*Congressomania*," for one International Medical Congress after another has taken place, and will continue without interruption until the end of the Exposition.

There was one on Alcoholism, where it was argued that alcohol is a good medicine, but a bad thing to get in the habit of drinking. At the Congress of Public Assistance there was much good advice on how to educate nurses and how to keep a hospital; at the Congress of Therapeutics and Materia Medica a great deal was said of antithermic medication, which some approved but others did not.

Dr. Masius, of Liège, and M. Desplats thought they would use these drugs in fever cases, but Dr. Williams, of Boston, Dr. Stockvis, of Holland, and Dr. Semmola, of Naples, thought they were dangerous. Another physician called attention to the fact that they were not antithermic at all, as they had no action on the temperature of healthy animals, so they should be called antipyretics, as they acted on fever heat only. M. Dujardin-Beaumetz presented the new drug exalgine, which he said was a wonderful medicine, producing cessation of pain in neuralgia. It is insoluble and gives vertigo, and M. Dujardin-Beaumetz finished by saying that it is inferior to antipyrine. Professor Semmola proposed a return to the use of sulphur, which he finds is the best antiseptic both in medicine and in surgery. He gives it internally, and powders the sheets of his patients with it, and advises surgeons to powder it over all wounds in place of the other surgical antiseptics heretofore used.

The microbe had no rest in this Congress, as Professor Hallopeau then insisted on local antiseptic treatment of syphilis advising the use of nitrate acid of mercury and powdered corrosive sublimate. These strong applications can be made nowadays, as cocaine can be used first to obtund the pain. He finds that they are much more effective than the old system of using nitric acid or nitrate of silver solutions. He finds also that the permanent use of one in 3,000, or one in 5,000 solutions of corrosive sublimate on specific ulceration, by cloths wet with the solutions and then covered over with some form of gum cover, gives a local antiseptic bath that modifies syphilitic ulcerations very rapidly. The heart tonics were next dwelt on to a considerable extent, but after much talk digitalis seemed to have retained its rank as the best one, notwithstanding the virtues of cafeine, convallaria, adonis vernalis, spartium scoparium, strophanthus, antiaris toxicaria, nerium oleander, etc., etc., which are all claimed to have the power of increasing the energy of the cardiac contractions. Professor Germain Sée and M. Laborde, some time ago, wished to insist that the alkaloids only should be used: digitaline in place of digitalis, etc.; but the practical physicians of this Congress seemed to be satisfied that digitalis powder was, after all, the best thing to use, and they did now even wish to make an infusion, which they had often seen to provoke troubles of the intestinal tract that were very annoying. Dr. Crocq suggested the use of acetate of lead in the treatment of pneumonia. He gives from forty centigrams to one gram of it, per day (6–15 grains), and follows it up for twelve days, when needed, and claims that the pulsations go down rapidly under its use, while the fever and expectoration are quickly modified. Others, however, thought that it was not wise to return to the use of the salts of lead internally, at least without great caution being taken against poisoning. Dr. Semmola said, in regard to lead poisoning, that he had great success in its treatment by electricity, applying the negative pole to the neck and the other pole to the spinal column over the kidneys, as he thought that it caused an elimination of the lead by the kidneys. He reported twelve cases of cure by this method.

In the Congress on Hygiene there was much of interest. One of the papers of special use to physicians was on "The Symptoms that are caused by the ingestion of Alimentary substances of Animal origin," by Professor Brouardel and Dr. Pouchet, the chemist. A long list of symptoms which most doctors are familiar with after the ingestion of bad meat, of even of that which is not actually in a decomposed state, were given; but what seems most interesting is the fact that the poisoning is not now thought to be so much from the ptomaines, as from the infinitely small pathogenic microbes swallowed with the meat we eat. Some of these have recently been isolated from meat, that had caused a number of deaths. Among them is the so-called *bacillus enteritis*, Gartner's. This has been cultivated, and it has reproduced the symptoms that the meat caused. The origin of these accidents is not then only the ptomaines, but also the microbes that we eat with meat foods. This question demands careful study on the practical points, because all the cooking in the world will not, it seems, destroy the ptomaines, although it is quite enough to bring meat up to the cooking point in order to kill most, if not all, of the microbes.

In the Dermatological Congress there was an interesting discussion on the nature of the Lichen group. In the Congress on the modern treatment of Syphilis, the hypodermic injection of mercurial drugs seems to be discredited, and most physicians have returned to frictions by mercurial ointment. As regards mercurial treatment, Dr. Langlebert thought that it should not commence until the prodromata of the second period had appeared, then he advised corrosive sublimate, three centigrams (half a grain) daily as the best mercurial agent. As to iodides, they are not to be used until the cases are chronic, or latent, and should be continued with periods of rest, for three years. Here again we meet a return to old practice as the majority of the best men present: Fournier, Langlebert, Julien, Kaposi, Schuster—all have abandoned the injection of mercurial salts, and now consider this modern practice *dangerous*. In many cases progress seems to move backwards, and it is not always well to take up too quickly with new forms of medication.

Hypnotism was discussed in two Congresses: the one on Physiological Psychology, and the one on Therapeutical Hypnotism. First there was the usual fight between the Nancy school, and the Charcot, or Paris, school. The first party wants to make it out that hypnotism is all suggestion; but Dr. Gilles de la Tourette put it very strongly when he said, that he could not see what effect suggestion could have over the vesical troubles, or on incoördination; and what must we say of such facts as Professor Charcot has clearly established: as that patients in whom the patellar reflex is absent in ataxia, get more benefit from suspension than those who have exaggerated reflex action. The latter, indeed, seem to get worse, no matter what suggestion is made to them before suspension. M. Danilewski has hypnotized animals of the most varied kinds: such as guinea-pigs, snakes, lobsters, and frogs. He simply places the animal in an abnormal position, and by means of a slight continued pressure renders it motionless. It becomes insensible and feels nothing, if pinched, and allows chloroform to be administered without resistance. The hypnotic sleep lasts half an hour. It is probable that snake-charmers and lion-tamers are hypnotizers. It seems pretty certain that incontinence of urine and of feces, nervous tics, night terrors, rhythmic chorea, onanism, hysteria, and most of the functional troubles of the nervous system can be modified by hypnotism. An interesting case, described by Dr. Tissier, of Bordeaux, was that of a young woman who had been staying with some rich relations and returned home, as they often do, with a thirst for pleasure and articles of luxury, which her parents could not afford her. From that time she began to have attacks of hysterical intellectual obsession. She could no longer control herself, and said that her heart seemed to her to be suspended by a thread, which she thought would break. She was afflicted with all sorts of fears and hallucinations, during which she saw death passing, etc. This was followed by ideas of suicide, which were engendered by the very fear of it. At other times she was depressed, and would not leave her bed unless forced to do so. In a word she was in a bad state of psychic anarchy, and used morphine to quiet herself. Last year her physician commenced to hypnotize her, as her general health was very bad, and during her hypnotic sleep it was suggested to her that she should rise early and not allow herself to be overpowered by her former fears. As scents are an aid to suggestion in such cases, she was made to inhale a certain perfume (Corylopsis) and told that its odor would drive away her cares and troubles. After some little time the young woman began to pick up, and she is now almost well, no crisis having taken place for two months, while her physical health is perfect.

—The new maternity ward of the Hospital of the University of Pennsylvania was opened Sept. 5, 1889.

PERISCOPE.

New Method of Excising the Wrist-Joint.

Mr. Edward Thompson, Surgeon to the Tyrone County Infirmary, writes in the *British Medical Journal*, July 20, 1889:

Excision of the wrist-joint, even in these days of antiseptic surgery, is an operation not much in favor with most surgeons. It is comparatively seldom practised, probably because, as a rule, the amount of disease which would justify such a very serious proceeding is too extensive to render success probable, while in slighter cases efforts are made to remove limited diseased portions of bone, a proceeding which I have often seen attended with very unsatisfactory results. The operation as perfected by Sir Joseph Lister is, notwithstanding all that can be said in its favor, clumsy and difficult of performance, and includes removal of the whole carpus, resection of the ends of the metacarpal bones, as well as of the ulna and radius. The following case, which has been under treatment in the Tyrone Infirmary, illustrates the change which I propose in the method of performing this operation.

Mrs. I., a strong, healthy, middle-aged woman, living near Dungannon, in the county Tyrone, was admitted into the Tyrone County Hospital, about two years ago, suffering from caries of some of the carpal bodies of the left hand. The diseased and loosened portions of bone were removed by careful gouging, and although there was some improvement, the woman went home very little better than when I first saw her. About five months ago she returned to the Infirmary in a very much worse state of health. She had lost greatly in flesh and strength; the lower part of the forearm and hand were swelled and much inflamed. The slightest motion, even of the fingers, caused intense pain. There were numerous sinuses both on the back and front of the hand and forearm, all of which communicated readily with carious bone. There was also a constant discharge of thin unhealthy pus. The patient was most anxious to have her forearm amputated, as her sufferings were intense. I determined, however, to try and save the hand by removing the diseased bone by a method quite different from the proceeding generally adopted in excision of the wrist. On the back of the hand, and within about half an inch of its ulnar border there was a large shallow ulcer about the size of half-a-crown. I selected the outer edge of this sore as the site of the incision, which ran between the tendons of the extensor communis and minimi digiti, and was about four inches in length. The edges of the wound were kept apart by retractors, the joint freely opened into, and a full and accurate view obtained of its inner aspect. The disease seemed to be confined to the first carpal row of bones, and to the lower extremity of both the radius and ulna.

A gouge was first introduced into the joint, and the semilunar bone gouged completely away; then each of the neighboring bones was firmly caught by a strong forceps, slowly twisted from its connections and removed. The diseased ends of the radius and ulna were removed by gouging. Subsequently, as there was no difficulty in shoving the extremity of the radius and ulna through the wound, I thought it better to saw both bones straight across immediately above the seat of disease. In order to allow free drainage, a small incision was made on each side of the joint as close as possible to the level of the floor of the joint, and a drainage-tube inserted. The wound was stuffed firmly with iodoform gauze, and dressed antiseptically. A straight splint was placed under the forearm and hand, the palm being supported and raised on a roller bandage instead of a piece of cork, as usually recommended. The case made an uninterrupted and speedy recovery, and the patient has now a good useful hand instead of an unsatisfactory mechanical contrivance.

This case seems to me of some importance, because it well illustrates the success of a plan of treatment which I believe has not been hitherto recommended. The method employed differs widely from the usual operation of excising the wrist-joint. It is easy of performance, free from danger, does not tear or injure any of the tendons, vessels, nerves, or deeper structures. It is quite bloodless, and does not require removal of any portion of bone which is sound and healthy. The opening on each side of the joint I consider essential, as free exit is thus given to any discharge that might possibly collect in the cavity left after removal of the diseased bones. Arthrectomy of joints, with removal of diseased masses of bone by gouging and the chisel, has a large field before it. Quite recently in the Tyrone Infirmary I opened freely into the knee-joint, and gouged away nearly the whole of the head of the tibia, draining the joint freely by two large drainage-tubes inserted above and below, and crossing in the joint. The case was a most unfavorable one in every respect, yet recovery was complete, the boy being out of bed in a few weeks, his limb being well supported in a plaster-of-paris case, which was put on immediately after the operation.

The Treatment of Felons.

In an admirable lecture published in the *International Journal of Surgery*, July, 1889, Dr. A. G. Gerster, of New York, makes the following wise suggestions in regard to the treatment of this common trouble:

Such cases as this furnish a very large proportion of the surgical work done by every practitioner of medicine. There is, in my opinion, no better test of the surgical ability of a young physician than his manner of treating just such cases as this one. These inflammatory processes are generally suppurative and take their origin from some superficial injury to the integuments. The wound is either infected at the time of the injury, or it becomes subsequently poisoned by being brought into direct contact with the products of decomposition, as is generally found in the case of laboring men, butchers, cooks, waiters, and others.

A felon of the little finger or thumb is much more to be dreaded than a similar trouble situated on either one of the three middle fingers. In the case of a felon situated on either the little finger or thumb the suppurative process has a very marked tendency to run up to the arm. On the other hand, a felon situated on either of the three middle fingers will ordinarily run no further than the ball of the respective finger and perforate that region.

In order to thoroughly understand this peculiarity it will be necessary to study the anatomical relationship of the tendons and sheaths of these parts. In dissecting the palmar region of the hand you notice, as a rule, that the synovial sheath of the flexor tendons of thumb and little finger run into a common bursa in the palm of the hand. The sheaths of the flexor tendons of the three middle fingers, however, end proximally in a blind sac each. Therefore, when an inflammation attacks the little finger or thumb, the natural direction of the inflammation is towards the point of least resistance. After entering the common bursa of the hand it will proceed under the carpal ligament to the arm, and you have an inflammation that may, if unchecked, gradually destroy the usefulness of the arm, proceeding from a small focus in the little finger. When inflammation attacks either of the three middle fingers, the pus usually perforates at the ball of the respective finger and does no further damage than what has already been inflicted on the affected finger.

As a felon is an acute suppurative inflammation, developing rapidly in dense tissue, the affected structures will be subjected to very great tension. When the focus is minute, containing but one or two drops of pus, when the patient's temperature is 104° or 105° F., when he has a headache and his tongue is foul and coated, when he has chills and cannot sleep at night, when he complains of a terrible throbbing pain in his hand, there can be no doubt in the mind of an intelligent surgeon that there is some serious trouble brewing, when so small a focus of inflammation throws the sufferer into such a state. If you have all these symptoms the first indication is to relieve that tension at once. The scalpel must be plunged right down to the bone. If it strikes the right spot, when it is withdrawn three or four drops of pus will follow, and that means that the finger has been saved from great danger by this little operation. The man who waits until the entire finger or hand is involved is no surgeon at all. The true conservative surgeon is he who will prevent the loss of a phalanx or a tendon, and will thus avoid the necessity for amputating the finger, hand, or arm.

If tension is relieved the extension of inflammation is prevented, even though the exact spot where the minute focus of pus is situated is not struck. In the palm of the hand is situated the superficial palmar arch; but there are ways by which it can be avoided. The palm of the hand is marked by a number of creases of the skin, that resemble a capital *M*. That portion of the triangle bounded by the lines of this *M*, that occupies about the centre of the palm, is the part to be avoided. It does not comprise more than a square inch.

A classical symptom of all deep-seated acute suppurative inflammations is that the skin over the affected area is abnormally pale in the beginning of the process. In deep palmar suppuration there is pallor with dense swelling. Fluctuation is not found. The guide to the little focus of inflammation which may contain but a few drops of pus, is a probe with which to first palpate in a general way so as to locate the place where the greatest pain is felt. When the spot where the greatest pain is felt and the most intense sensitiveness exists is touched, the patient should turn away his head while the surgeon repeats the same process until satisfied that the point of the probe has repeatedly touched the same locality pronounced by the patient to be the most sensitive. Then having marked that exact spot, and, having applied local anæsthesia, a narrow-bladed knife should be plunged in the tissues well beyond the fascia. Should more than a few drops of pus escape, then the puncture must be extended to an incision. In order to prevent subsequent closure of the wound, a small strip of antiseptic gauze should be passed into the aperture on the end of a probe. When a moist dressing has been applied, so as to prevent inspissation and the formation of a crust, the surgeon has performed an act of conservative surgery of higher value to the patient and more creditable to himself than the most brilliant amputation.

Revision of the U. S. Pharmacopœia.

The Committee on Revision of the United States Pharmacopœia of the American Pharmaceutical Association, reported in favor of incorporating in the next revision the principle "solids by weight, and liquids by measure," for preparations employed by measure, or for internal use. The report of the committee was adopted as the sense of the American Pharmaceutical Association by a large majority, though some of the foremost champions of the "Continental idea" died hard. The sterling good sense of the pharmacists who occasionally make their own tinctures and therefore know the impracticability of the present Pharmacopœial system prevailed over the theorists and amateurs, and the pharmacists of America may congratulate themselves over soon having a Pharmacopœia to work by without being compelled to refer to the ponderous Dispensatories whenever a preparation is to be made.

According to the terms of the report the retention of the metric system is favored, but left in the hands of the Committee of Revision for such application as may be desirable. While outspoken against "parts by weight," the committee evidently cared not to hamper the convention next year, and purposely refrained from detailing the plan, thus leaving it open to act according to its best judgment.—*Western Druggist*, July, 1889.

Venesection in Puerperal Eclampsia.

At the meeting of the Ontario Medical Association, June 5, Dr. McKinnon read a paper on venesection in puerperal eclampsia, in which he drew attention to the fact that this is no new treatment, but rather a return to old practice. He warned the younger members of the profession against placing any confidence in bromide of potassium, or even chloral, in eclampsia. The inhalation of coloroform he considers a very valuable remedy or adjuvant, but would not rely on the fashionable treatment by hypodermics of morphine. Dr. McKinnon is inclined to believe that venesection saves more lives in puerperal eclampsia than all other remedies. He believes the patient dies from brain pressure, due to serous effusion, hemorrhage, or œdematous infiltration, and that venesection is the most effective method of preventing this brain pressure. The patient should be bled to the extent of a pint or more. As an evidence of this intra-cranial pressure during a convulsion, Dr. McKinnon referred to the occurrence of sub-conjunctival and retinal hemorrhages which he has frequently seen. Dr. McKinnon does not advocate venesection as a measure to arrest the convulsion, but, by diminishing the tension on the cerebral vessels, to disarm the convulsion of its fatal power.

Dr. McKinnon gave the following guide to treatment when called to a case of puerperal eclampsia:

1. Bleed the patient, if convulsion be severe or followed by coma. 2. Control the convulsion with chloroform. 3. If the patient be at full term, take steps to terminate labor as quickly as possible. 4. Administer an active purgative: Epsom or Rochelle salt. 5. If the convulsions recur, give a large hypodermic of morphia.

Dr. McKinnon closed his paper with a report of seven cases of puerperal eclampsia occurring in his own practice; they all recovered, venesection being employed in six of these cases.

Dr. Richardson said he believed venesection to be the sheet anchor in the treatment of puerperal eclampsia, not altogether to prevent extravasation, but to reduce the total quantity of poison in the system.

Dr. Holmes, in addition to venesection, recommends the use of diaphoretics; he would not bleed in markedly anemic subjects, but would use other remedies.

Hot Water in Fractures.

The *Bulletins et Mém. de la Soc. de Chirurgie de Paris,* April 1889, contains a report by M. Chauvel upon Darde's method of treating fractures near the joints with hot water. Impressed with the advantages of elastic compression and massage in traumatic effusions of the blood, Darde believes that it is possible to hasten matters still more, and to simplify them, by using hot water alone. He first tried the treatment in sprains, and he now advises it for fractures. Hot water is employed in local baths, if possible, beginning with water at a temperature of 113° F., and increasing it to 118° or 120°, maintaining it at this temperature for from twenty-five to thirty minutes. Certain patients bear water at a temperature of 122° and even 124°. The baths are repeated once or twice a day. If local baths cannot be employed, dripping compresses of several thicknesses, with the water at a temperature of 118° or 122°, are employed, and they are renewed frequently during half an hour. Prolonged vapor baths have without doubt the same effect.

The immediate phenomena produced are: a very vivid reddening of the skin, rapid disappearance of the pain, and a slight and transient swelling of the part. In about four or five days resolution of the effusion is obtained, and acute pain is no longer produced, except at the seat of fracture. If care is taken to move the joints and the neighboring tendons often enough and with due caution, cure results rapidly. Darde gives an account of a case of fracture of the lower end of the radius, in a man twenty-four years old. After baths at a temperature of 120° F. had been employed for four days, the swelling disappeared, and pain was no longer felt, except at the seat of fracture. Some progressive movements of the fingers and of the wrists, combined with temporary immobilization of the part, resulted in an apparently complete cure in twenty days. It was only, however, after two months that the patient resumed his work.

Chauvel speaks in regard to the efficiency of the method with reserve. He refers to another case in which the hot water treatment was used with apparently excellent results. In this case, the patient fell from his bicycle in such a way that the left foot was carried strongly outward, at a right angle with the limb, and the fibula was fractured. Baths with massage were employed until the ninth day after the accident, when the diminution of pain and swelling was such that the seat of fracture—which was about two and three-quarter inches above the external malleolus—could be easily felt. A dressing of silica was applied for two weeks, and was then replaced by a second bandage, after the tibio-tarsal joint had been moved. When the last dressing was removed, six weeks after the fall, the fracture had healed and walking was possible, but slow and still painful.

Chauvel remarks that while the result was satisfactory, it must be remembered that the treatment employed consisted of massage, temporary immobilization, and early movement, combined with the hot baths. The hot baths, he says, are useful against the initial swelling and local pain, but do not seem to exercise a notable influence upon the rapidity of recovery.

Rupture of the Uterus: Labor Four Years Afterward.

Dr. Deutsch contributes to the *Centralblatt für Gynäkologie,* XIII, 14, 1889, an account of a case in which a woman, eight months pregnant, fell and ruptured her uterus. The fetus was removed by laparotomy, and the cavity of the uterus was drained through the belly wound. Four years afterward, when the woman was near the end of another pregnancy, an entire absence of labor pains, combined with hemorrhage from the site of the placenta, made it necessary to bring on premature delivery and to extract the child. A profuse post-partum hemorrhage occurred, and was controlled by tamponing the cavity of the uterus. The patient fortunately survived. The placenta occupied the anterior wall of the uterus, in the position of the old scar. Both the absence of efficient pains and the subsequent hemorrhage are attributed by the author to adhesions between the uterus and the belly wall.—*Schmidt's Jahrbücher,* July 15, 1889.

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CHARLES W. DULLES, M.D.,
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NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

BEEF PREPARATIONS AS FOOD.

Preparations of beef have always been generally regarded as being in some way helpful to the process of nutrition. They are among the first things that present themselves to the minds of most practitioners who are seeking some substance with which to sustain a patient passing through a siege of typhoid fever, or suffering from any other adynamic condition of the body. Such is the prevailing belief concerning the supporting value of these preparations; but the manner in which they exert this influence—whether as a stimulant or as a nutritive—has not until quite recently been known. All our text books on physiology, therapeutics, and pharmacology rate them as stimulants, and some authors even go to the extent of saying that, because they contain nothing but salts and waste organic extractives, they are of no value whatever—being, in fact, considered no better than urine, in which these salts and extractives are also found. Such an opinion seems to be supported, too, by feeding experiments, which have been made with beef extracts, during which it is claimed that the animals fed with these substances died more quickly than those which were left to absolute starvation.

In spite of these objections, which are more of a theoretical than of a practical nature, beef preparations have not suffered in popularity, and we are just beginning to see the reason for the faith which has prompted the profession in holding on to them under such trying circumstances. Experimental physiology has come to the fore, and confirmed the belief, derived from empiricism, that they are nutritive agents, and has again demonstrated that its methods are more keen and reliable in solving such problems than those of the more abstract science of chemistry. This fact has been recently demonstrated by experiments which have been made by two women—Misses Popoff and Brink—in Professor Kronecker's laboratory, in Berne: an account of which is published in the last number of the *Zeitschrift für Biologie.* These experiments are very valuable, not only because of the intrinsic importance of the subject, but also because they were conducted under the direction of one of the most thorough physiologists in Europe, as all those know who have worked under the inspiring leadership of Professor Kronecker.

The method of investigation which was, we believe, originally suggested by the eminent Professor, consists in taking the frog's heart as a medium with which to test the nutritive value of any substance. It is well known that this organ, when isolated and transfused with a blood-solution, will continue to beat for a number of hours in succession. It is quite otherwise when it is transfused with a solution of common salt, or of any other non-nutritive agent. Under such influence it will cease to contract; but, if it is now filled with a solution of blood, it will revive and beat as vigorously as at the beginning of the experiment. Now any substance which has the power of rehabilitating the heart's contractions in this way is regarded as a nutritive agent; and, among all the dietetic materials which have so far been shown to possess this power, besides blood, are: milk, albumin, gelatine and most beef extracts. Misses Popoff and Brink go further in the same direction, and show that when peptones, which do not possess the power of maintaining the heart's contractions, and hence are not nutritious, in their raw state—so to speak—are subjected to the gastric or intestinal digestion of a living dog for fifteen minutes, they become transformed into a material which is endowed with the power of reviving the heart's pulsations. This is a discovery of immense importance to practical medicine, for it shows that a substance may have a certain action outside of the body, and acquire quite different properties when acted on by the glandular epithelium of the living alimentary canal.

In endeavoring to arrive at correct opinions concerning this matter it must be remembered that Dr. Mays, of this city, in an article on the physiological action of kreatin, kreatinin and their allies, in the London *Practitioner*, vol. 39, page 257, shows that kreatin, kreatinin, hypoxanthin, and xanthin, which are constant components of all beef preparations, also possess nutritive properties when transfused through the heart. Due allowance must therefore be made for the action of these agents, especially for that of the first two, in estimating the results obtained from experiments such as those described above.

BAKING-POWDERS.

A matter in which physicians must feel a lively interest, and one about which their opinion is likely to be asked at any time, is that of the relative wholesomeness of different baking-powders. The mind of the community has been somewhat inflamed during the past few years by the advertisements of rival manufacturers, and an impression has got abroad that many baking-powders are dangerous to health and even to life. The consequence has been an investigation under the direction of the Department of Agriculture of the United States. This useful function has been discharged with prudence, and its results cannot fail to be of great service.

The investigation which has been conducted by the chemists of the Department has just been completed and the results compiled in a bulletin form. The analyses of a large number of samples of various baking-powders lead to conclusions which are not calculated to create any general alarm lest the American people should suffer injury to health from the use of baking-powders. At the same time they show the error of the popular impression that all the chemicals used in the production of baking-powders are expelled during the process of baking. As to the character of the residue left in the bread, and its effect upon health, the bulletin assigns the decision of that important point to the physicians, holding that the strict line of duty of the chemist ends with revealing the constituents.

The analyses of twelve powders are given, their selection being based upon the proportion of available carbonic acid, which, in conjunction with the minimum of alkaline residue, is the great test of excellence in baking-powders. Although the investigations show that even with the best of tartrate powders the residue remaining in one loaf of bread prepared with it was of the same character as Seidlitz powder, and in quantity exceeded that of an ordinary Seidlitz powder by over 50 per cent., still, in this, as in most cases, the character of the residue in the proportion found cannot be regarded as hurtful. This is the more obvious when it is borne in mind among how many persons one loaf of bread is usually divided.

These results will serve to encourage those who have had too great fear of the use of baking-powders, which are so convenient to housewives, and which, if prepared with any reasonable care, are perfectly safe to use.

In saying this we call attention to the fact that, in investigations of this sort, the newly established Department of Agriculture may find its most useful office. Its investigations may come to take the place of the private analyses to which the public has heretofore been accustomed, and which, in too many instances, have been utterly fraudulent—a shame to the commercial enterprise and a disgrace to the scientific standing of the country.

FLAP-SPLITTING OPERATION FOR LACERATION OF THE PERINEUM.

Among the various procedures which have been devised for the repair of lacerations of the perineum, the flap-splitting method occupies a prominent place. This method has been employed and commended by such prominent operators as Simpson, Hart, Tait, Sänger, Martin, Zweifel, Parvin, and Mundé. The originator of the operation appears to be unknown, it being credited to several men. As would be expected, almost every operator uses a slightly different technique, making such changes as are demanded by the individual case, or as suit the fancy.

It should not be forgotten that the method is recommended both for so-called incomplete, and for complete tears of the perineum. Upon theoretical grounds the method seems admirably adapted to the cure of complete lacerations. As is well recognized, in complete lacerations, the injury almost always consists in a *median* tear. This involves the entire depth of the perineal body—from the posterior commissure of the vulva, into the rectum—and extends for a variable distance up the recto-vaginal septum. Hence, the levator ani muscle is slightly, if at all, involved in the injury. The shallow incisions which are made, are deep enough to lay bare the retracted ends of the divided muscles—usually the bulbo-cavernosus, transversus perinei, and sphincter ani—so that when the suturing is complete these divided ends are brought more or less closely together, and the parts are restored approximately to the normal condition. Union of the sundered ends of the muscles is doubtless more often mediate than immediate; but the muscle upon each side is attached to the intervening scar tissue, and in this way its function is restored. Thus the operation rests upon a sound, anatomical basis; and from the practical stand-point, it is to be commended, because it can be performed with comparative ease and rapidity, and most of all because the results obtained are very satisfactory. The method also has the advantage of sacrificing no tissue, so that in case union is not obtained, the woman is little if any worse off than before the operation. Success has been obtained by this method after failure by the more customary plans; and undoubtedly it offers great advantages in cases in which much tissue has been lost, whether by sloughing, or by means of the surgeon's scissors.

It seems, however, that the flap-splitting operation is not so well adapted to the repair of so-called incomplete lacerations. It is now generally admitted that the injuries which are classed under the general title of incomplete lacerations of the perineum vary greatly in extent, in the anatomical structures involved, and hence in their effects. We find classed under the same head median lacerations, involving only the skin and perhaps the superficial muscles and connecting tissues, with deeper lacerations, which extend up one or both sulci and involve more or less of the levator ani muscle. Yet all practical men recognize that these injuries are essentially dissimilar. The one is a comparatively trivial accident, causing perhaps subinvolution and an open vaginal entrance. The other destroys the supporting action of the pelvic floor, and often entails retroversion and prolapse of the uterus, cystocele and rectocele, upon the unfortunate woman who has suffered from it. For the repair of median lacerations of slight degree—that is for lessening the size of the introitus—the superficial incisions, recommended for the flap operation, are probably sufficient; for usually the operation can be classed as cosmetic, or at most it aims to bring together the superficial muscles. But anatomical considerations should prevent the most sanguine operator from expecting to repair lacerated muscles and other structures situated within the pelvis, by a superficial operation made upon the skin surface of the perineum. How can an incision one-fourth of an inch in depth, made from the skin surface, lay bare the ruptured lavator ani, or sutures then introduced bring together its severed parts and restore its function?

In the *American Journal of Obstetrics*, July, 1889, in a plainly written and well-illustrated article, Mundé gives the technique of the flap-splitting operation and also his experience with it. He commends it most highly for the cure of lacerations extending into the bowel, and also for what he calls uncomplicated incomplete lacerations, but considers it inapplicable when rectocele is present. It seems important to bear this distinction in mind, that is if anatomical considerations are to have weight in perineal surgery. An objection to the flap-splitting operation in some cases is that the scar tissue is not removed. This scar tissue at times causes neuralgia, and in such cases it should be excised. The status of the flap-splitting method applied to incomplete lacerations is unsettled, but at the present time its field of usefulness appears to be limited to superficial injuries.

HOT AIR TREATMENT OF PHTHISIS.

The plan proposed by Weigert for the treatment of phthisis with inhalations of very hot air was noticed in the REPORTER about a year ago, and again April 6, 1889. On May 25, our letter from New York contained the statement that the method, after a fair trial at Bellevue Hospital, was apparently not a success.

The hopes entertained in regard to the method have in fact followed those raised by Bergeon's method—which is, perhaps, not yet forgotten. Worst of all the failure is accompanied by assertions of Dr. Jacobi that Weigert had made an improper use of his name in pushing the method; that the method was not original with Weigert, and that in the method the very conditions claimed to be efficient are missing.

Such a denunciation leaves little of Weigert's theories and less of his practice.

DEFECTIVE CLINICAL EXAMINATIONS.

At a meeting of the General Medical Council of Great Britain, a member has taken occasion to call attention to the way in which the clinical part of some of the examinations has been conducted. Of 190 cases supplied at two examinations of the Conjoint Board of England, as material for the students' examination, one-third were cardiac and one-eighth of the balance were phthisical. The group of cases was comprised within a narrow range of chronic and generally hopeless patients, giving no adequate idea of variety and curability of cases in the ordinary every-day life of the practitioner. The following types of disease were unrepresented: 1, the infectious and zymotic, 2, the diseases of infancy, 3, insanity, 4, puerperal complications, 5, diseases of the eye, 6, the minor or ordinary troubles. The art of prescribing was another subject upon which the examined students exhibited a lamentable ignorance; the majority of examining bodies not demanding any knowledge on this subject.

Dr. Glover made a motion in Council that the examining bodies should be advised to question the candidates upon the "common diseases" and their treatment. *The Montreal Medical Journal* makes a comment on the proposed remedies for these defects, to the effect that the systematic lectures fill too large a share of the students' time and attention, and that they may profitably be curtailed. The undue prominence of didactic tests and teachings, therefore, is a fault which is felt on the other side of the Atlantic as well as on our own shores.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

LECTURES ON BRIGHT'S DISEASE. BY ROBERT SAUNBY, M. D. Edin., F. R. C. P., London, etc. 8vo, pp. 290, with fifty illustrations. New York: E. B. Treat, 1889. Price, $2.75.

This volume contains a series of extremely valuable and interesting lectures on Bright's Disease. The first seven chapters are devoted to a discussion of the pathology of the chief symptoms of the disease, such as albuminuria and cardio-vascular changes; and at the end of each chapter is a brief summary of the conclusions arrived at. This is an admirable feature of the book. The eighth chapter is taken up with an account of the clinical examination of the urine, while the succeeding seven chapters are given to Bright's disease and its treatment, and conclude the book. An excellent bibliography of the special topic of each chapter is appended to it.

The statements of the author are throughout clear, concise, and direct, and they seem to be the result of careful consideration. In the chapter on "The Treatment of Lithæmic Nephritis," he makes a remark on the liability to try to do too much in the way of treatment, which deserves to be quoted. "If a patient," he says, "suffering from chronic Bright's disease is in fair general health, and the discovery of the lesion has been made more or less by accident, so to speak, we should be careful to do nothing that will worsen his condition by over vigorous treatment or too severe regimen, but should be content to relieve the symptoms of which he complains, if it is in our power to do so, while at the same time we endeavor to regulate his habits and mode of life in conformity with principles deduced from our knowledge of the etiology and pathology of his disease." This suggestion is in keeping with the general good sense which marks the book, and we can cordially recommend it to our readers.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. BY ROBERT FARQUHARSON, M. P., M. D., Edin., F. R. C. P., Lond., LL. D., Aber., Late Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Fourth American, from the Fourth English Edition. BY FRANK WOODBURY, A. M., M. D., etc. 12mo, pp. vi, 579. Philadelphia: Lea Brothers & Co., 1889. Price, $2.50.

We regret to say that this book is not a satisfactory "Guide" to therapeutics and materia medica. Too much space is taken up with the mere names of remedies which, though they are recognized in the British and United States Pharmacopœias, are so rarely prescribed that it would be better to omit mention of them in all but systematic works on therapeutics, and give the space thus saved to a full discussion of remedies in every-day use. The American Editor states in his preface that the book is "a miniature dispensatory." This statement is not borne out by the contents; which are incomplete in some very important points. No mention at all is made, for example, of many valuable drugs. Of these we may name acetanilide (antifebrin), salol, and sulphonal.

The book, of course, contains much information that is valuable; but most of it can be obtained to better advantage in other works upon the same subject. It is so manifestly behind the time in important respects that it is entirely unworthy to be recommended to our readers.

SYNOPSIS OF HUMAN ANATOMY, BEING A COMPLETE COMPEND OF ANATOMY, INCLUDING THE ANATOMY OF THE VISCERA AND NUMEROUS TABLES. BY JAMES K. YOUNG, M. D., Instructor in Orthopædic Surgery and Assistant Demonstrator of Surgery in the University of Pennsylvania, etc. 8vo, pp. ix, 393. Philadelphia and London: F. A. Davis, 1889. Price, $1.40.

The author states in his preface that the object of the book is to furnish a "concise though complete" synopsis of human anatomy. In this he has partly succeeded. His book is quite complete, but it is hardly concise. It contains a great deal of matter which, we believe, will prove embarrassing to the student; and a number of its details would be more appropriate to a larger book, in which there would be space to explain them. But though the author has not attained to our notion of conciseness, it is only just to say that his statements and descriptions are accurate, and for the most part both clear and concise; and that his book seems calculated to prove a safe guide—so far as he intended—to the student in anatomy.

A MANUAL OF INSTRUCTION FOR GIVING SWEDISH MOVEMENT AND MASSAGE TREATMENT. BY PROF. HARTVIG NISSEN, Director of the Swedish Health Institute, Washington, D. C., etc. 12mo, pp. vi, 128. With twenty-nine original wood engravings. Philadelphia and London: F. A. Davis, 1889. Price, $1.00.

The author gives a very concise description of the movements employed in treating a patient by Swedish movement and massage, and then shows how to apply these in various constitutional and local diseases. At times he sacrifices clearness to brevity, and the illustrations do not always give as good an idea of the movements as might be desired. The tone of the book, however, is moderate, and much information is given in regard to matters which the general practitioner is now expected to understand. The opportunity to employ the movements upon patients undergoing the rest cure will probably come to only a few; but any one may have occasion to use them in cases of stiff joints, contracted muscles, chronic rheumatism, and in aches and pains of various kinds.

The book treats of an important subject, and will repay the time spent in reading it.

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—Dr. T. F. Linn, a graduate of Rush Medical College in 1864, and a widely-known practitioner in Bourbon, Ind., was the victim of an aggravated assault, September 4, 1889. His assailants were a woman patient, and her brother. It is said that the doctor took advantage of a professional visit to "betray" the woman, who was a wife. After this, a trap seems to have been laid for him, and the assault committed. Sulphuric acid was thrown into his eyes, and he was given a terrible whipping.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

306. RELATION BETWEEN TROPHIC LESIONS AND DISEASES OF THE NERVOUS SYSTEM. BY E. C. SEGUIN, M. D., New York. From the *Journal of Nervous and Mental Diseases*, Sept., 1888. 10 pages.

307. CONTRIBUTION TO THE DIAGNOSIS AND SURGICAL TREATMENT OF TUMORS OF THE CEREBRUM. BY R. F. WEIR, M. D., and E. C. SEGUIN, M. D., New York. From the *Amer. Journal of the Med. Sciences*, July, August and September, 1888. 48 pages.

308. DESIGN FOR AN APPARATUS FOR PNEUMATIC TREATMENT IN HOSPITALS. BY SOLOMON SOLIS-COHEN, M. D., Philadelphia. From the *New York Medical Journal*, Feb. 23, 1889. 6 pages.

309. LACERATED CERVIX UTERI AS TREATED AT THE UNIVERSITY HOSPITAL BY PROFESSOR WILLIAM GOODELL. BY LEWIS H. ADLER, JR., M. D. From the *New York Medical Journal*, March 2, 1889. 9 pages.

310. LEGAL RESPONSIBILITY OF INEBRIATES. BY JOSEPH PARRISH, M. D., Burlington, N. J.—UNALTERABILITY OF STRYCHNINE IN THE BODY AFTER DEATH. BY ALFRED H. ALLEN, F. I. C., F. C. S. *Proc. of Medical Jurisprudence Society of Philadelphia.* 1888. 5 pages.

311. INSANITY OF OSCAR HUGO WEBBER. BY J. HENDRIE LLOYD, M. D., Philadelphia. *Proceedings Medical Jurisprudence Society of Philadelphia*, 1888. 5 pages.

312. THE RELATION OF THE NASAL AND NEUROTIC FACTORS IN THE ÆTIOLOGY OF ASTHMA. BY F. H. BOSWORTH, M. D., E. S. SHIRLEY, M. D., W. H. DALY, M. D., and ANDREW H. SMITH, M. D. From the *New York Medical Journal*, Jan. 19, 1889. 20 pages.

313. ON SOME MILD MEASURES IN THE TREATMENT OF INTRA-NASAL HYPERTROPHIES AND INFLAMMATIONS. BY W. H. DALY, M. D., Pittsburgh, Pa. From the *Medical and Surgical Reporter*, Nov. 17, 1888. 6 pages.

314. REPORT OF A CASE OF HYSTERO-EPILEPSY IN A MAN. BY LEWIS H. ADLER, M. D., Philadelphia. From the *Medical News*, March 9, 1889. 7 pages.

315. THIRD ANNUAL REPORT OF THE BOARD OF HEALTH OF KEOKUK, IOWA. BY J. M. SHAFFER, M. D., Keokuk, Iowa. Keokuk: Press of the Gate City, 1889. 43 pages.

306. This admirable paper was read before a joint meeting of the Association of American Physicians and the American Physiological Association last year, and contains a careful and scholarly argument, leading up to the conclusion that disease of the nervous system produces true trophic lesions when it interferes with the associated or inter-dependent life of continuous tissues.

307. This pamphlet contains an account of a case in which, in a patient of Dr. Seguin's, he diagnosticated a tumor of the brain, and Dr. Weir successfully removed it. The history of the case—both medical and surgical—is well given, and this is followed by a scholarly and full study of the subject of tumors of the brain and their treatment. The whole is a very valuable contribution to the subject it discusses.

308. Dr. Cohen, who is well known as a writer on pneumatic treatment, describes a simple and practical method of applying the principles which he and many other students of lung diseases believe to be useful. His apparatus deserves careful attention from those who desire to adopt these principles in hospitals.

309. This is a very interesting pamphlet giving the methods pursued by Dr. Goodell in treating lacerated cervix. It is well written and contains two good illustrations.

310. These are two interesting papers. One is by a sanitarium physician who thinks inebriety is a disease and carries this to an extreme which we think only sanitarium and asylum physicians do. The other paper is short, and describes a case in which strychnine was found in the residue of the viscera of a person more than seven years after his death.

311. Dr. Lloyd gives an account of a case which attracted a great deal of attention a few years ago in this city. The courts held that Webber was sane, and he was convicted of murder and was hung. Dr. Lloyd was engaged by the defense to examine him, and testified that he was insane. His pamphlet describes the case and defends the theory in regard to it which he holds.

312. This pamphlet contains a paper read by Dr. Bosworth before the American Clinatological Association, in 1888, and remarks by the other men whose names appear on the title-page. It covers too much ground to be epitomized, but its scope can be gathered from its title. Its contents are interesting and instructive as the expression of opinion of experienced specialists.

313. As this paper was published in the REPORTER it is hardly necessary to describe it to our readers. It advocates mild scarification of the mucous membrane of the nose for the relief of hypertrophies and inflammations, and describes a few cases in which they were successfully employed by Dr. Daly.

314. Dr. Adler gives an account of a case under the care of Dr. H. C. Wood, while Dr. Adler was a resident in the Hospital of the University of Pennsylvania. It is interesting and instructive, because hystero-epilepsy in men is rare, and well studied cases are rarer still. One of the few well studied cases is described in an Editorial on this subject, in the REPORTER, May 25, 1889.

315. This report covers the year from March 31, 1888, to March 31, 1889. It indicates an active interest in matters of hygiene and public sanitation on the part of the Board of Health of that enterprising town—Keokuk, and shows that there are men there who are awake to its needs and ready to suggest measures to supply them.

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LITERARY NOTES.

—*Scribner's Magazine* for September is one of the most interesting and attractive numbers which has appeared for a long time. It contains an exceedingly well written and well illustrated article on Safety in Railroad Travel, by H. G. Prout, which cannot fail to interest all travelers.

—A journal called the *Revista Medica de S. Paulo* has just been started at Sâo Paul, Brazil. It is to be issued once a month, and each number will contain 32 octavo pages. It is to be a general medical journal and to represent the local profession, which is both numerous and cultivated. The number before us is very interesting and gives promise of vitality and usefulness.

CORRESPONDENCE.

Iodide of Potassium and Chlorate of Potassium.

To the Editor.

Sir: If not trespassing too much upon your space I would reply to Dr. Johnson's letter, in the Reporter of August 31, in which he says that no doubt I am an "alarmist" when the question is about administering to patients a mixture which, according to good authority, is poisonous in its nature and dose. It would be fortunate for humanity and the reputation of the medical profession were more of its members "alarmists" in this sense.

With many thanks to Dr. Johnson for his advice, I prefer safer routes for my patients. I do not think it advisable to treat "all diseases of the mucous membrane of the mouth and throat, from diphtheria down"—a truly sweeping category—with any one specific, no matter how illustrious the name by which it is suggested.

With many thanks for your courtesy,
I am, yours truly,
Wm. C. Kloman, M. D.,
1519 John St., Baltimore, Md.,
Sept. 2, 1889.

NOTES AND COMMENTS.

Priapism of Several Years' Duration.

Wm. H. Dukeman, of Los Angeles, Cal., in the *Pacific Medical Journal*, August, 1889, says: The term priapism is usually applied to a unnaturally prolonged erection of the penis with or without sexual desires. In the case I here report, there was a total absence of desire for copulation, but an almost maniacal desire to have the passion satisfied is a very unnatural way. The history of the case is as follows: Nearly a year ago a stranger consulted me, stating that he suffered intensely with stricture. He was a tall, muscular Englishman, thirty-four years of age. His general appearance was that of a man laboring under some mental depression. His features looked more or less pinched, and he was somewhat anemic. On examination, his penis was found in a rigid state of erection, and on inquiry, he told me it had been persistently so for five months, and previously so at stated intervals for two or three months at a time for years. The organ measured eight inches in length on the dorsum, twelve inches from the bulb, and seven inches in circumference; and was tattooed in various designs such as serpent heads, coat of arms, anchors, etc.

I could get no positive information from him as to the cause of his trouble. He would not allow any surgical treatment whatever for his relief. I prescribed antispasmodics and anaphrodisiacs and told him to call again in two days. The next day his father revealed the cause of the trouble, which seems to bear consideration. His father was an officer in the English army and stationed at the Solomon Group of islands in the South Sea. While stationed there his son at seven years of age was stolen by the natives and was not recovered until he was eleven. According to his father's story the natives used his son as an idol, and practiced with him the habit so common among them, viz.: that of satisfying their sexual passions by the act of suction, which they practice upon each other. This desire and habit grew on the young man, and at times his penis would become in an abnormal state of unusual rigidity of violent and continuous spasms, lasting for several days, during which he would suffer intense pain. His only relief from this miserable condition was for him to have his passion satisfied by practicing the act upon his father.

At the age of sixteen he was married, and subsequently became the father of four children. During his married life he enjoyed good health and was comparatively free from these attacks. After the death of his wife, which occurred about nine years ago, his malady returned with more violence than ever, and for nine years he has been growing worse. The old passion returned with overwhelming acuteness, and during these times he would fall into a hysterical, or trance-like state and remain for several hours. He is called a spiritual medium of unusual attainments, and has given seances in various places along this coast. I found that he could be hypnotized by placing one hand on the nape of his neck and the other over his eyes. I put him in this mesmeric condition and he remained so for one hour, during which time the organ was as rigid as before; and while in this state he would talk of the natives of the islands where he was taken captive and of their peculiar habits.

He was under treatment for six weeks. I tried various remedies with no benefit. His trance-like condition grew more frequent, and he refused any further treatment. I saw him a short time ago and he said he was growing worse, but would not consent to undergo any further treatment. He said sexual intercourse only aggravated his trouble, and his only relief from pain was his old habit. The priapism remained as persistent as ever. I could discover no spinal lesion. He was able to work. In conversation he used intelligent language, but there was some aberration of the mental faculties.

The editor of the *Pacific Medical Journal* adds that the person referred to is now in San Francisco dying of consumption. It is alleged that a few weeks ago an attempt was made to strangle him, because he refused to surrender certain compromising papers in his possession, relating to a young gentleman relative. The affair was quieted, however, and no arrests were made.

Treatment of Wounds with Sugar.

Dr. J. Dannheisser, of Landau, contributes to the *Deutsche Zeitschrift für Chirurgie*, xxix, 4, 1889, an article on the treatment of wounds with sugar, and its results. The experiments upon which the paper is based were conducted in the Strassburg surgical clinic, and cover a period of five years. In addition to iodoform and sugar—one part to ten—which was used in many specific tubercular processes, pure sugar in fine powder was used alone. The sugar was placed in a sack made of muslin which had been freed from its fat and sterilized; and the sack was laid directly on the wound. No sublimate and no carbolic acid came in contact with the dressing. The progress of the wound thus treated is said to have been usually very satisfactory, if no considerable suppuration occurs. It presented a good appearance under the dressing; the skin in the neighborhood was not irritated, and only occasionally, when there was profuse secretion, was eczema observed. The first dressing remained on ordinarily from six to eight days. Sugar was also employed by sprinkling it directly on the wound, especially when it was desired to free the latter from membrane and of odor, and to promote vignous granulations.

Dannheisser concludes that sugar has an advantage over most dressings in that, after the wound has been once disinfected with corrosive sublimate following complete operations, no poisonous substance comes in contact with the body. Those wounds especially take a favorable course under the sugar dressing which may be expected to heal by primary union: such as fractures, and all wounds which heal by firm granulation. The same is true of all superficial wounds which are easily accessible.—*Schmidt's Jahrbücher*, July 15, 1889.

Association of American Physicians.

The fourth annual meeting of the Association of American Physicians will be held in the Medical Museum and Library, Washington, D. C., September 18, 19, and 20, 1889. The programme announces a President's Inaugural Address, by Francis Minot, Boston; and papers as follows: The Early Stage of General Paralysis, by C. F. Folsom, Boston; Tetany, by James Stewart, Montreal; Tetany and a New Theory of its Pathology, by John T. Carpenter, Pottsville; Thrombosis of the Cerebral Sinuses and Veins, by A. B. Ball, New York; Chylous Effusions into Serous Cavities, by S. C. Busey, Washington; Substitutes for Opium in Chronic Diseases, by J. F. A. Adams, Pittsfield; Remarkable Case of Slow Pulse, by D. W. Prentiss, Washington; Discussion on the Relation between Chlorosis, Simple Anæmia, and Pernicious Anæmia, including Leucocythæmia and Hodgkins' Disease, by Frederick P. Henry, Philadelphia, and F. Forchheimer, Cincinnati; Primary Cancer of the Duodenum, by E. N. Whittier, Boston; Primary Cancer of the Gall Bladder and Ducts, by John H. Musser, Philadelphia; Gastric Neurasthenia, by G. M. Garland, Boston; Specimens from Two Cases of Cretinism, by W. F. Whitney, Boston; The Anatomical and Physiological Relations of Lesions of the Heart and Kidneys, by H. F. Formad, Philadelphia; The Contagium of Diphtheria, by P. Gervais Robinson, St. Louis; A Supplementary Inquiry into the Frequency with which Lead is Found in the Urine, by James J. Putnam, Boston; Discussion on the Relations of

Rheumatism to Rheumatoid Arthritis, by William Osler, Baltimore, and Morris Longstreth, Philadelphia; How Far may a Cow be Tuberculous before the Milk becomes Dangerous as a Food Supply? by Harold C. Ernst, Jamaica Plain; The Bacillus Tuberculosis, by J. T. Whittaker, Cincinnati, and Hot Air Inhalations in Tuberculosis, by E. L. Trudeau, Saranac Lake.

Tri-State Medical Society.

A circular, signed by Frank Trester Smith, M. D., Secretary, and dated Chattanooga, Tenn., August 8, 1889, states that the members of the medical profession in Alabama, Georgia, and Tennessee are requested to meet in Chattanooga on the third Tuesday in October, for the purpose of forming a Tri-State Medical Association. All will be admitted to the meeting of the Association, but the membership will be restricted to graduates of regular Medical Colleges in good standing. This call is signed by committees from the Jackson County, Alabama, Medical Society; the Chattanooga and Cleveland, Tenn., Medical Societies, and the Cartersville and Dalton, Ga., Medical Societies. The organization will be independent of all other societies. It will be an association of individual members of the Profession of Medicine, and will be managed in the interest of medical progress. Papers of interest by prominent men have been promised.

The session will continue two days. Those who desire to read papers or exhibit specimens should notify the Secretary at an early date.

Another circular will be issued in due time announcing the titles and authors of papers.

Hydrophobia.

The *Lancet*, Aug. 17, 1889, reports an extraordinary case of hydrophobia as having recently occurred near Sheffield. It appears that an iron-moulder named Parkins died after several days' acute suffering, although there was no evidence of his ever having been bitten by either a dog or a cat. The doctor's *opinion* was that the malady was caused by the deceased having been licked by a dog on the face, at a spot where he had cut himself by shaving.

The same paper reports that a military surgeon at Kustendjie had been bitten by a soldier under treatment for hydrophobia. The surgeon had gone to Bucharest, to be treated at the Institute for Bacteriology.

Case of Hydrophobia.

Hydrophobia is supposed to have caused the death of William H. Hoagland, of 71 State street, Newark, September 2, 1889. He was 22 years old, and was a clerk. Two months before, a dog ran into the store and frightened the customers by its wild actions. Hoagland tried to drive it out, and tripped over a box. As he lay prostrate on the floor, the dog bit him on the forehead. The skin was abraded merely, and Hoagland did not believe he had been bitten. He thought the dog scratched him with its paw. Nevertheless, he called upon a doctor, and had caustic applied to the scratches. He thought nothing more about the matter, and was not in the slightest degree frightened. Early in the week beginning August 25, he began to be troubled by a soreness and contraction of the throat. It was not severe, however, and he attributed it to a cold. On August 31, at night, he asked for a dose of bicarbonate of soda in a drug store near his house, and on getting it, he found great difficulty in swallowing it. Yet he thought nothing of the dog bite, and went home in an undisturbed state of mind. During the night the choking sensation in his throat became so pronounced that he could not sleep, and at 6 o'clock on Sunday morning, September 1, he awoke his brother-in-law and asked him to accompany him to Dr. Wrightson's office. After examining Hoagland, the doctor concluded that he must be suffering either from strychnine poisoning or from hydrophobia, and he asked him if he had been bitten by a dog. Hoagland answered that he had, and asked if the doctor attributed the trouble to the dog bite. Dr. Wrightson assured him that he did not, and endeavored to remove any element of fear from the young man's mind. Hoagland had a choking spasm in the doctor's office, and after administering an approved remedy for hydrophobia the doctor told him to go home and rest as quietly as possible. At 9 o'clock in the morning Hoagland had an another attack, and then he began to talk about the dog bite. He had several more convulsions before noon, when Dr. Wrightson arrived in company with Drs. Kent and

Diefenbach. They all agreed that Hoagland was suffering from the bite of a rabid dog, and proceeded to do all in their power for him. Hoagland grew rapidly worse during the afternoon and evening, and it finally became necessary to have several men at his bed-side to hold him during the spasms. The doctors were with him almost constantly, though despairing of doing anything to relieve him. He grew weaker constantly, and at 2 o'clock in the morning passed away peacefully, though just previous he had been writhing in a spasm. He died of exhaustion. During the convulsions there were no sounds emitted, except those produced by efforts to breathe. There was nothing like snapping or snarling, and he did not froth at the mouth.—(Special to the REPORTER.)

British Medical Association.

The fifty-seventh annual meeting of the British Medical Association opened at Leeds on Tuesday, August 13. The attendance was exceptionally large. At the first general meeting, under the presidency of Professor W. T. Gairdner, the Annual Report of the Council was read. It described the present position of the Association and the work carried on by its committees during the past year. It was pointed out that when the Association first visited Leeds, in 1843, the members numbered a little over 1,600; in 1869, when it met again in that city, there were 4,095; whilst on the present occasion the roll includes more than 12,000 names, and the balance of the assets over the liabilities to about $160,000.

Statistics of Suicide in France.

The Paris correspondent of the *Medical Press* writes, under date of July 13, 1889, that in the last sixteen years the number of suicides increased in France 55 per cent. Their proportion in regard to the population rose during that period from 15 to 21 per 100,000 inhabitants. In 1872 the total number of suicides was 5,275, while in 1887, 8,202 were registered. Women, as in other countries, are less prone to self-destruction than men—1,768 (22 per cent.), against 6,434 (78 per cent.). The frequency of suicides increases with age. Up to the fortieth year the propensity is about the same in both sexes, but after that the men take the lead. 2,894 were unmarried, 3,706 married, while 1,355 were widows or widowers. As to the social condition, 2,614 were in agricultural pursuits, 2,276 belonged to varied industries, while the remainder were in business, or were householders, domestics, clerks, etc. The rural population furnished a higher number of suicides than the urban, 4,279 of the former to 3,807 of the latter. As to the period of the year, summer and spring furnish the largest contingent. The means employed were chosen in the following order of frequency, strangling, immersion, fire-arms, asphyxia by charcoal, sharp instruments, poison, precipitation from heights.

The presumed causes were, insanity 2,023, physical suffering 1,407, poverty and reverse of fortune 1,059, domestic affliction 1,116, drunkenness 914, disappointed affections 305, etc. In the above list, alcoholism producing cerebral affections, takes the first rank. During the last fifty years, the consumption of alcohol has increased threefold, and the number of insane persons fourfold. The liquor which contributes the most to producing mental derangement is absinthe, of which the French are so fond. When a man gets in the habit of taking that drink, he is sure to commit some crime or destroy himself.

Medical Congresses.

The *Riforma Medica*, Aug. 3, 1889, in noticing the "International Congress on Hypnotism," recently held in Paris, points a little well-timed ridicule at the present rage for congresses on special subjects. It intimates that the day may come when we shall have congresses on blood-letting and clysters, and, in fact, on every medical theme.

Duration of Pregnancy.

The duration of pregnancy is a question that has come up for discussion in connection with a proposed Imperial Book of Civil Law for the German Empire. In this book the duration is stated to be from 180 to 300 days. This has given rise to a good deal of discussion in the German Society for Obstetrics and Gynæcology, especially on the part of Prof. Olshausen. He declares that from 160 to 165 days should be the lower limit, while he would raise the higher to from 210 to 320. Especially in the case of widows an abnormal duration of pregnancy should be allowed. After a lively discussion, a Commission was appointed which will seek to collect facts bearing on the subject. The following has not yet been recorded: a physician had a patient suffering from disease of the heart. During the act of sexual intercourse he suddenly died. Ten months from the date of the husband's death the widow gave birth to a healthy living child. The woman was a very respectable person, and it is very unlikely that she would have thrown herself away under such awful circumstances.—*Medical Press*, April 24, 1889.

Examining Board for Army Surgeons.

An Army Medical Board will be convened in New York City, New York, October 1, 1889, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the Medical Corps of the Army.

Application for an invitation should be addressed to the Secretary of War, stating date and place of birth; place and State of permanent residence, and accompanied by certificates, based on personal acquaintance, from at least two persons of repute, as to citizenship, character, and moral habits: testimonials as to professional standing, from the Professors of the Medical College from which the applicant graduated, are also desirable. The candidate must be between 21 and 28 years of age, and a graduate from a Regular Medical College, evidence of which, his Diploma, must be submitted to the Board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.

Headaches from Alcohol and Tobacco.

Dr. E. Lloyd Jones recommends the following formula in headaches from the abuse of alcohol and tobacco:

℞ Spir. Ammon. aromat. . . . . . fʒss
Spir. Chloroformi . . . . M. x
Aquam ad . . . . f℥i
S.—At one dose.

NEWS.

—Dr. A. König, of Berlin, has been promoted to the rank of Extraordinary Professor of Physics.

—Dr. C. C. Hildreth, of Zanesville, O., died in that city on August 11, of cerebral apoplexy. He was born in 1811, and had been in active medical practice for fifty-six years.

—The will of John W. McCoy, who died in Baltimore recently, contains a bequest of $100,000 to the Johns Hopkins University. He also gives his library to this institution.

—Dr. Oliver Wendell Holmes passed his eightieth birthday at Beverley Farms, August 29. Letters and telegrams of congratulation poured in upon him from all over the country.

—The annual meeting of the American Academy of Medicine, for 1889, will be held at Chicago, Ill., November 13 and 14, being postponed to that date by authority of the Council.

—Dr. Herman B. Inches, one of the oldest physicians of Boston, died in that city August 19, aged seventy-seven years. He was a graduate of the Harvard Medical School in 1834.

—The Medical Practice Law passed by the last Legislature of Maine has been declared invalid. There was some technical defect in the law, which the next Legislature will be asked to rectify.

—Dr. Maria M. Dean, a homœopathic physician who took an office in Helena, Mont., three years ago, after studying medicine in this country and Berlin, is said to have a practice that yields her an income of $12,000 a year.

—The Detroit Academy of Medicine closed the first fifth of a century of its existence September 10, 1889. The occasion was celebrated by a meeting of the Academy at the house of the President, Dr. Leartus Connor.

—An apprentice boy on the United States training-ship New Hampshire, at Newport, died September 1, of typhoid fever. Physicians inspected the vessel and found that it was damp and that the deposits from the water-closets were exposed at low water.

—On August 28 work was begun on a system of piping, by which pure water is to be brought from a dam near Bear Lake to supply Wilkes-Barre, Kingston and Plymouth, in the Wyoming Valley, Pa. The project involves the expenditure of $600,000.

—Dr. Heneage Gibbes has held the chair of pathology in the medical department of the University of Michigan. Quite recently the subject of histology has been added to that chair, Dr. Stowell having resigned the histological professorship to go to Baltimore.

—Bert. Williams, 17 years old, died in a hospital in Findlay, Ohio, on Saturday, the victim of faith cure fanatics. He had injured one of his legs while playing ball, and a physician had stitched up the wound. The stitches were removed by the faith cure people, and the boy was prayed over by them until gangrene set in, with fatal result.

—The operations preliminary to the building of a second lunatic asylum for Berlin were begun on July 29, at Lichtenberg, near Berlin. The hospital will accommodate one thousand patients. The building of a hospital of similar dimensions for epileptic patients at Biesdorf, also for the city of Berlin, is to be commenced this autumn.

—Dr. David Tilton Brown hanged himself in his barn, near Batavia, Illinois, Sept. 4, 1889. He was at one time chief of the Bloomingdale Asylum in New York and regarded as an authority in the treatment of insanity. In 1875 he himself became insane, and was under treatment in Europe for a time. It is supposed he was insane when he hanged himself.

—A letter received August 29, by the State Department, from the United States Consul at Valparaiso, announced the death in that city on June 30, of Dr. Nathaniel Emmons, from Delaware, Ohio, who had practiced dentistry there for twenty years. He had won a reputation in Valparaiso as a good citizen and a skillful practitioner, and his death brought forth highly eulogistic notices from the press.

—Dr. John T. B. McMaster, a prominent physician of Pocomoke City, Md., died August 28, 1889. He was sixty-one years of age, and a highly esteemed and well-known citizen of Maryland. He was born in Worcester county on December 18, 1827, was graduated in 1850 from the University of Maryland, and located for the practice of his profession at Pocomoke City. During the war he was employed there as an army surgeon.

—Florence K. Hashager, a four-year-old child living in New York, was bitten by a spitz dog on July 22. On September 1 a death certificate, filed by Dr. S. H. Vehslage at the Bureau of Vital Statistics, stated that she had died from hydrophobia. Dr. Vehslage says that there were several symptoms of hydrophobia, although the girl died before it was time for the appearance of the convulsions which mark the final stage of the disease.

—Dr. Isaac White died suddenly at his home in Shawsville, Va., August 3, 1889, aged 52 years. He was a native of Virginia, and graduated from the Medical College of Virginia in 1857. During the war he was surgeon in the Confederate army. After the war he practiced medicine for a time at Christiansburg, Va., and afterwards became Resident Physician at Allegheny Springs, Va., which position he held at the time of his death.

—The Royal Society of Hygiene in Italy, which has its centre in Milan, has resolved to associate itself with the congratulations accorded by his countrymen to Max von Pettenkofer on his having attained his seventieth birthday. It has sent to the distinguished Munich hygienist a richly illuminated parchment, emblazoned with the arms of the two Royal houses of Bavaria and Italy, under whose protection the public health of the two nations respectively stands.

—The Legislature of the State of Michigan recently appropriated twenty-one thousand dollars to the School of Pharmacy and Chemical Laboratory of the University. Of this sixteen thousand is provided for a new building, and five thousand for fitting up the new and repairing the old building. New lecture rooms will be provided with research laboratories, and a museum and ample accommodations furnished for the departments of pharmacy, medicine and dentistry.

—A Medico-Psychological Congress will meet at Novara, Italy, from the 8th to the 14th of September, and will be followed by a Medical Congress, which is to assemble also in the Alta Italia from the 22d to the 27th of the same month. Padua, the special seat of this latter, has many claims on the interest of medical men. From all parts of Italy, and even from the countries of central Europe, physicians of eminence have already signified to the "Comitato Padovano dell' Associazione Medica" their intention to be present.

—The annual announcement of the New York Polyclinic, which is illustrated with six interesting photo-engravings, shows an attendance, for the session of 1888–9, of 383 physicians, making since the opening of this pioneer post-graduate School, in 1882, a total of 1883. These figures show the popularity of the polyclinic system of instruction. Attention is called to the fact that the Faculty has established an extensive hospital, which affords at all times ample material for all clinical purposes. The Session of 1889–90 will open Monday, September 16.

HUMOR.

A GOOD REASON.—Ethel (shuddering)—"How the trees moan and sigh to-night!"

Bobby (speaking whereof he knows)—"Well, I guess you'd moan and sigh if you were as full of green apples as they be."—*Binghamton Republican.*

CIGARETTES AND RASHES.—A newsboy called at a doctor's office in Cincinnati, last week, and offered the medical man a half box of cigarettes "if he would make him feel better." He was suffering from scarlatina. Hence his rashness.

"WHAT'S THE MATTER?" the schoolmistress asked.

"Back's sore, ma'am."

"What made it sore?"

"Pop pounded his thumb with the hatchet this morning, and I laughed."—*Epoch.*

KNEW WHAT HE WANTED.—"Is there anything I can do for you?" asked Mrs. Cumso, tenderly, when her husband was suffering from seasickness. "What do you want?"

"I want the earth," gasped Cumso, as he again leaned over the rail.—*New York Sun.*

"LEADING STATISTICIANS assert that more persons annually choke to death while eating in England than are killed on the English railroads." It must be terribly monotonous to "annually choke to death," but probably it isn't so troublesome after one gets accustomed to it, else there wouldn't be so many who prefer it to being smashed to pieces on a railroad and cremated afterwards.—*Boston Transcript.*

MASCULINE SUPERIORITY.—"I see that a *post-mortem* examination is often made in murder cases. What does a *post-mortem* examination mean?" asked a young wife of her better half.

"A *post-mortem* examination, my dear, is intended to allow the victim to state, verbally, his own testimony against his assailant, and is taken down in writing."

"Thanks, darling; and you won't look down on me, will you, because I haven't your education?" He said he wouldn't.

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CLINICAL LECTURE.

ELECTRICAL METHODS IN GYNECOLOGY.[1]

BY G. BETTON MASSEY, M. D.,

PHILADELPHIA.

Before showing you the details of several applications of electricity to the treatment of diseases of women I propose making this morning, I wish to bring before you two cases, in one of which a single application has been followed by a most happy effect.

Case I. Metrorrhagia.—This young woman, who has been married two years, was delivered of a child six months ago, and made apparently a good recovery. Before pregnancy her health had been good and her periods regular since the age of fifteen. One month before applying for treatment—just five months after delivery—her menstrual periods returned, lasting the ordinary time, but followed two weeks later by another flow, which, with a slight intermission, continued up to the date of her admission to the Hospital. Examination then revealed the fact that the uterus was somewhat subinvoluted and tender, but movable, and had a patulous os and dilated cavity. The right ovarian region was quite tender to the touch. The patient had been troubled with headache and dyspepsia, but had not been constipated. She was bleeding freely at the time of the examination.

I had evidently to deal with a case of metrorrhagia with slight subinvolution. The bleeding most likely came from fungous granulations of the endometrium, and was both the cause of and was in turn increased by the hyperemia of the ovaries. In selecting a method of checking this terrible drain upon the woman, I was not unmindful of the claims of the sharp curette in such conditions; but the question was would such an operation be free from danger if performed with the requisite thoroughness? It would demand recumbency afterwards, which is impossible in the case of clinic patients. Instead, she was treated by the employment of a positive galvano-chemical cauterization of 60 milliampères for one minute, the electrode being passed into the uterine cavity. Two days later the patient reported some pain following the application, with a diminished flow during the first day and a total cessation the second. She is now well in every way, having had no return of her trouble.

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[1] Delivered at the Howard Hospital.

I know of no more thorough method of controlling persistent hemorrhage from the uterus than positive cauterization; for it acts, as you doubtless know, in two distinct ways when the bleeding cavity is surrounded by more or less normal uterine tissue. A strong current, even if slowly turned on, as is always the case in my practice, causes a very direct and positive contraction of the uterine fibre, which immediately controls the bleeding if the muscular tissue is not too degenerate. But this contraction will of necessity be followed by a relaxation six or eight hours later, and then the bleeding will return unless the second action has been sufficiently powerful and extensive. This second action consists in a searing of the bleeding surface by the destructive action of the positive pole. The hemorrhagic points are occluded by conversion into a white, cheesy layer, and an immediate cessation of the bleeding results. This result becomes permanent, in bad cases, only after cicatrization of the whole of the altered surface.

Case II. Metrorrhagia following Abortion.—The patient who is now before you was not quite so quickly cured, but there is nevertheless an even more important lesson for us in the case; for it demonstrates the quick response of the relaxed uterine muscle to the harmless Faradic current after the complete failure of ergot. This woman has been married four years and has had two children, both dying in early infancy with a specific taint. The last child was born two and a half years ago. Three months before first seeing me the woman had a miscarriage, since which she had been flooding continuously, notwithstanding the efforts of three physicians, all of whom gave her ergot in large doses. On the day before first coming to the clinic she had saturated six napkins with blood. She complained of bearing-down pains and an aching in the left groin. Examination disclosed nothing but a patulous os and a tender and relaxed uterus, which was not especially enlarged and was freely movable. The absence of any evidence of chronic inflammation or hyperplasia determined me to try the effect of "swelling" Faradic currents within the uterus, which were accordingly applied for three minutes, the negative pole being intra-uterine. This was followed immediately by an appreciable diminution of the flow. Two days later the application was repeated, and this second treatment was followed by a complete arrest of the hemorrhage. The patient is now, two weeks later, entirely well of both the bleeding and the tenderness.

These cases illustrate admirably, I think, the grounds on which we should base our choice of the proper current to use. The bleeding in the one case was intermittent and the trouble dated back six months. For these reasons, and in consideration of the hardness and tenderness of the uterus, the galvano-chemical cauterization was immediately resorted to, as the Faradic current would have failed to be of service. The second case, on the other hand, was acute; the bleeding had been continuous, and examination revealed merely a relaxed uterus. Here the Faradic current was highly successful, acting much more quickly than has been my experience with the galvanic current in acute cases.

Case III. Intramural Fibroid.—This woman, who will now be placed on the table for an intra-uterine application, has a large fibroid tumor which now presents the following dimensions: Of irregular shape, the left lobe is two inches below the level of the umbilicus, and the right lobe even with that point; to the left it extends four and a half inches from the linea alba and to the right three and a half inches. The patient has been under treatment several months intermittently, as her occupation has permitted; but in this time the tumor has shrunk fully two inches in all dimensions, the highest point being, at the beginning of treatment, two inches above the umbilicus. During this shrinkage the original lobulated shape of the growth has reappeared, and it has become less tender.

The battery, meter and controller being arranged, the clay pad of Apostoli is laid on the abdomen, and the lead plate placed upon it is attached to the negative pole of the battery. This case, being somewhat hemorrhagic, requires us to use the positive pole within the uterus; hence the electrode must be either of platinum, gold or carbon. Owing to the curve required to reach and enter an extremely high cervix, I am compelled to use a narrow platinum electrode in this case instead of carbon, which I have grown to like very much. The electrode, having been rendered aseptic thoroughly by heating in the alcohol flame, is gently passed into the uterine cavity, which in this case is nearly in the centre of the tumor, and the current slowly turned on. You will observe that the patient does not wish more than a strength of one hundred and fifty milliampères used, which strength we have now attained. As this is an effective current we will maintain it for five minutes, and then slowly turn it off. This woman has more pain than is usual for this strength of current, and she tells us that it is an internal, cramp-like pain. We do not usually have more than a mere external burning at the seat of the clay pad. This treatment will be repeated in this case about twice a week until cessation of tenderness and a much greater lessening of the size of the tumor has been obtained.

Case IV. Salpingitis with Laceration of Cervix.—The last case to which I will call your attention is also of special interest, as it illustrates another affection which we hope in some cases to cure without resorting to the knife. This woman has a bad stellate laceration of the cervix; but worse than that, she has a decided inflammatory condition involving the left tube and ovary. The diagnosis has been verified by one of my colleagues in the gynecological department, who predicts that she will certainly require operation in spite of this treatment. In my opinion laparotomy should not be thought of at present, at least until a thorough trial of the treatment that I will outline to you; and this treatment is based largely upon the acuteness of the case. The patient is only twenty-one years of age, and has been married two years. Fifteen months ago she was delivered of her only child, since which time she has not been well. There is a history of localized peritonitis occurring two months after confinement. Four months after childbirth the menstrual flow was established; of late this has become irregular and painful, and the patient has just emerged from a two-weeks' flooding. During the whole of this time she has been troubled with a profuse, yellowish leucorrhœa.

I shall make an effort to cure the inflammatory condition of the appendages, which is undoubtedly the main trouble, by a vaginal application of the negative pole of a continuous galvanic current of about forty milliampères, the large bulbous electrode being carried close to the inflamed region. I warn you that this treatment may be tedious, although entirely free from pain. Relief is a certain result, and a cure will amply repay you for all trouble. The tear of the cervix may or may not require repairing, but under no circumstances should it be undertaken during the existence of the tubal trouble.

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COMMUNICATIONS.

TREATMENT OF ACUTE PNEUMONIA.

BY JAMES TYSON, M. D.,

PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA.[1]

The medical historian well knows that the belief, which is so prevalent, that acute croupous pneumonia is a general disease with a local expression in inflammation of the lung is not now held for the first time, but that essentially the same view was entertained a century ago. The idea that the disease was a local one was firmly held during the latter part of the 18th century and the first half of the present, the whole influence of the French School of this period, as represented by Laennec, Andral, Chomel and Trousseau being thrown in this direction, although there would seem not wanting those who during this latter period regarded it as a general disease. At the present day—as already intimated—the weight of influence is decidedly in favor of the view that it is a general affection, as evidenced by the articles in the prevailing text books, for example, those of Wilson Fox in Reynolds'[2] System of Medicine, of Juergensen in Ziemssen's[3] Cyclopedia of Practical Medicine, of the elder Flint,[4] of Loomis in the System of Medicine by American Authors,[1] and of others. It may be mentioned in passing that there are those who regard pneumonia as something intermediate between the local inflammations and essential fevers,[2] while it should also be stated that there is at least one author of large experience—Davis, of Chicago—who still regards acute croupous pneumonia as a local disease.

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[1] This paper was prepared for the annual meeting of the Medical Society of the State of Pennsylvania to have been held at Pittsburgh but postponed on account of the Johnstown calamity.

[2] Macmillan Ed., London and New York, 1871, vol. iii.

[3] Wm. Wood Ed., New York, 1875, vol. v, p. 144.

[4] Principles and Practice of Med., Philada., 1881.

I do not propose, however, to discuss this question, but shall at once state my belief, arrived at after a study of our existing knowledge, viz., that under what is commonly spoken of as pneumonia must be included two distinct affections, in both of which inflammation of the lungs enters as an essential part, one of which is a general—and it may be infectious—disease, the other purely local. The former is perhaps best called "pneumonic fever," the latter "acute croupous pneumonia" or "pneumonitis." The lungs are by no means the only organs that are placed in this dual position. The small intestine is the seat of inflammation in simple, non-specific enteritis, and it is inflamed in typhoid fever; the large bowel is inflamed in simple catarrhal dysentery due to local irritation, and it is the seat of inflammation in diphtheritic dysentery: a general disease with a local expression. What physician of experience has not met a case like the following? A man—it may be a doctor—broken down with overwork encounters a change of weather against which he is ill protected. A few hours later he is seized with a chill, and within twenty-four hours, or it may be a longer time, the signs of a pneumonitis have presented themselves. To regard such a pneumonia as anything else than the result of a chilling of the body, and aught else than a local affection, demands, it appears to me, that we should alter the laws which have heretofore governed us in reasoning from cause to effect. I am well aware that those who claim that pneumonia is purely a general infectious disease regard exposure and allied causes, which are so often quickly followed by the acute attack, as the *predisposing* cause and an ever present vegetable organism the *exciting* cause. But it does seem to me that, in thus reasoning from the facts, we are placing the cart before the horse and expecting the latter to pull the former.

On the other hand, pneumonia appears on shipboard, and out of 815, 410 are attacked in rapid succession, or out of 720, 298 fall victims. It would be as contrary to evidence to regard such an epidemic as due to other than a specific cause, and the disease as else than infectious. Unfortunately between these two easily distinguishable extremes are many cases the precise relationship of which to either category it is not easy to trace. The local form of pneumonia would of course include the sporadic cases, and whether it is possible also for it to occur in the epidemic form as has been suggested by Sturges[1] is indeed doubtful.

From this standpoint it is an easy step to the conclusion that the treatment most suitable for a given case may be widely different from that required by another; and from it, too, may be reconciled the success claimed for treatment the most diverse. When medical men, whom I know personally and trust, claim that by venesection they have time and again cut short an attack, where the physical signs, pain, fever and orthpnœa of the most distressing character unite to establish an unmistakable diagnosis, I believe them. On the other hand there can be no doubt but that cases of so-called pneumonia get well without the treatment alluded to, and when only supporting measures, including stimulants, are used; and other cases again, in which no treatment at all is used or none other than rest. May not the success of these diverse methods be due in part to the fact that in the one case—say, for example, that in which venesection has been apparently successful—the affection is a local one, and that in another, where a supporting treatment has been required, we have had to do with a general disease? Unfortunately I have been unable to find any data from which to draw conclusions from this standpoint. This much, however, seems to be apparent, that, as the idea that pneumonia is a local disease has lost ground the confidence in the usefulness of venesection and of local treatment by cupping and by blisters has diminished, while the treatment recommended has resolved itself into one of symptoms only. Of this any one can satisfy himself by examining the articles in the text books referred to; it is probably also a legitimate conclusion from the premises of the general disease theory. Further, it must be admitted that a study of the evidence for and against venesection as a remedy for pneumonia leads to the conclusion that there is much to be said on both sides of the question. In my opinion the mistake has been to generalize too broadly and to seek to deduce rules which will apply to the treatment of all cases of pneumonia. In fact the mistake has been to draw any conclusions whatever as to the treatment of this disease from statistics, which are proverbially unsatisfactory, not to say unreliable. In connection with no disease, perhaps, have statistics been used to sustain more diverse views than with pneumonia.[1] I believe also that theoretical views as to the nature of pneumonia are too much influencing our practice, and leading to an inactivity which is harmful. Note for example the following quotation:

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[1] Philada., 1885.

[2] Sturges, Nat. Hist. of Pneumonia, Lond., 1876, p. 2.

[1] Op. Citat., p. 16.

"If it be remembered in the treatment of pneumonia that the pneumonic lung no more requires treatment than do the intestinal ulcers in typhoid fever, and that we are to be governed by the patient's general condition, and not by the physical changes in the lung as indicated by the physical signs, it is evident that all those measures which have been employed for the arrest of a local inflammatory process have no place in our therapeutics. It is for this reason that venesection which at one time had its stronghold in the treatment of pneumonia, has now fallen into disuse."[2]

Now it is not the case that the intestinal ulcers in typhoid fever require no treatment, and I do not believe that the eminent author of the paragraph quoted would admit for one moment that the diarrhœa of typhoid fever should be allowed to run on without being checked. And if it be true as has been claimed with good reason "that indiscriminate bleeding immensely increases the mortality of the disease," I regard it as equally true that indiscriminate disregard of the local lesion of pneumonia must also increase the mortality of the disease. May nothing be done to abate the often destructive inflammatory process going on in the lung? That this is inflammation and that the inflammation has different degrees is seen in the different results, which are: sometimes resolution, sometimes abscess, sometimes gangrene, and sometimes interstitial overgrowth. To expect to be able to influence such inflammation is reasonable. And if the attempt is made by measures which are harmless there is all the more reason why they should be used. On the other hand if there be, as I have maintained, a pneumonitis which is purely local, a treatment directed to the local lesion is the only rational one. I have already said that a large number of sporadic cases are indeterminate in their position, that the chances of their being local are as many as that they may be general, and it is these also that I want to rescue from the expectant treatment, and in all these I contend that the local affection should not be lost sight of.

Nor is it on theoretical grounds alone that I take the position that pneumonia should have local treatment. Not only do I find reason in my own experience for it, but I have been watching for some years the practice of my friends, and find that they who have the most success pursue a similar course. As to measures to be employed, I have nothing new to suggest, my present purpose being chiefly to urge that we hold on to what we have. But the local treatment which I find most serviceable includes both cupping and blistering, the rule of application being that the former, to be useful, must be done early in the disease, while the latter may be employed later. And with regard to the former, I wish to say that one need not wait always for the physical signs of consolidation to establish the diagnosis. For, given the conditions already described, exposure to cold and a chill, one need scarcely wait for the physical signs. A pneumonia is almost inevitable. Further it is to be remembered that a deep-seated localized pneumonia may not manifest the physical signs by which this condition is usually recognized, and they may be awaited in vain; or they will show themselves only after the disease has spread to more superficial parts of the lung. When I say cupping, I mean the use of cut, or wet, cups, of which I apply as many as will go on the affected side. Subsequently, I encase the chest in a cotton jacket, not with a view to any direct local effect, but because it promotes the action of the skin and is often very comfortable to the patient. Often, and especially if there is any pleuritic complication, the relief by cupping of the patient's discomfort is unspeakable, and, for this reason if for no other, the treatment is justified.

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[1] For a thoroughly fair analytical examination of the statistics of pneumonia the reader is referred to a recent paper by Drs. Townsend and Coolidge, Jr., based on a study of the cases treated in the Massachusetts General Hospital, in the *Medical News*, July 27, 1889.

[2] Loomis in System of Medicine by American Authors, vol. iii, Philad'a., 1885.

If, as often happens, especially in hospitals, a patient is not seen for several days after the chill, I prefer a blister over the affected lung. This I make a good large one, as a large blister is not more inconvenient than a small one, and neither is as inconvenient as is commonly supposed. I have so often seen happy results follow one or other of these procedures, to which I thought they could be directly traced, that I have felt impelled to call especial attention to them, not because they are a new treatment, but because there is danger of their falling into disuse, under the influence of the teaching of to-day based on a too exclusive notion of the etiology of the disease.

I say nothing of general venesection. I have never bled from the arm for pneumonia, having never, in a city practice, met the conditions which are generally conceded as calling for the procedure, while I am as much opposed to the routine bleeding for pneumonia as I am to the let-alone policy of to-day. In one or two fatal cases in which cupping gave temporary relief, I have regretted that I did not take more blood, which could only have been done by bleeding from the arm. It is a very nice question to decide whether the bleeding by cupping over the lung accomplishes more than the removal of the same quantity of blood from the arm. As the vessels drawn upon are principally the intercostals, the posterior scapular and phrenic, there is no blood taken directly from the lungs. There is, however, from the pleura, which is supplied by the intercostals, and this explains the prompt relief sometimes afforded by wet-cupping to the pleuritic pains which so often attend pneumonia. The pleural membrane is further supplied by the bronchial artery, which also inosculates with the branches of the pulmonary vein. Whatever may be the explanation, it seems to be a fact that increased effect results from local abstraction of blood, as compared with that due to the same quantity taken from a more distant point.

I do not, of course, intend that the local treatment shall take the place of all treatment. Pneumonia is pre-eminently a disease in which warmth and quiet are necessary. It is further a disease which needs supporting measures, an abundance of nutritious food, and even stimulants. The use of the latter may be commenced early in the disease, and may be pushed liberally as required. Digitalis judiciously used has its place, not as a specific, but, in conjunction with alcohol, as a stimulant to the flagging heart, the failure of which is so often the immediate cause of death. With veratrum vivide I have had very little experience. The high temperature of pneumonia I combat with cold sponging, with quinine, and with alcohol; my experience with all diseases with high temperature going to show that, the higher the temperature the stronger the indication for alcohol.

These measures are, however, more commonly indicated in the epidemic varieties of pneumonia due to specific causes, where local measures are of more questionable utility, and where supporting and stimulating treatment is indispensable. Here unfortunately all treatment is often unavailing.

A UNIQUE CASE OF FRACTURED EXOSTOSIS.[1]

BY THOMAS H. MANLEY, M. D.,

NEW YORK.

The case, on which this article is written, presented so many features quite peculiar to itself, seldom heard of, rarely dealt with, and probably seen only occasionally, even in the practice of those of very extensive experience, that I think its history well worth recording.

On account of its extremely obscure nature, its many and unusual coincident pathological conditions, the odd and singular form of this bony excrescence, as well as the surgical measures adopted for its removal, it would seem to stand nearly alone as a specimen; for, from all that I can learn, there is none exactly like it in any pathological-museum in this country.

The patient was a young Italian, nineteen years old. In America two years. He had always enjoyed good health, until something a little more than a year before, when he commenced to feel slight pains along the inner side of the leg, which, though severe occasionally, at times would annoy him very little. During one painful spell he consulted a physician, who treated him for rheumatism.

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[1] Read before the Surgical Section of the American Medical Association, in Newport, R. I., June 27, 1889.

He had finally become so accustomed to the difficulty, that it gave him little thought, until one day, while working with other laborers in excavating a drain, in making an effort to raise a heavy piece of stone, he suddenly became weak, and had to desist from work. This weakness was followed by chills, and pain all over the left lower extremity. After remaining away from work a week, he returned. He now found himself lame, and only able to continue at his occupation with considerable discomfort. He soon had to stop again, when he applied to the hospital for admission. This was sixteen days after the mishap in the trench, and about a year from the date that he first felt anything wrong on the same side. He walked to the hospital—about half a mile—and readily ascended two sets of stairs without any assistance.

On admission he was extremely weak, very much emaciated, very pale, and with the look of one in much distress. How he was able to drag himself to the hospital was a marvel to all who saw him. His pulse was now close to 120 beats per minute, with the temperature 101°. No evidence of organic disease was found. On being stripped of his clothing, the left leg was seen to be greatly swollen from Poupart's ligament down to the knee, mostly on the inner aspect; though the outside was also considerably distended, but to a lesser degree, in the same direction.

Now, the question was, what could this great increase in volume be attributable to? Was it a hæmatoma, an osteo-sarcoma, a simple serous accumulation, due to blocking the deep femoral vein; or, was it an accumulation of pus?

As there was no history of injury, either recent or remote, we were led to eliminate rupture of a vessel as a cause; and as there was good circulation in the vessels of the limb lower down, which would not be the case if directly dependent on vascular lesion, we were led to believe that pus was present. This was decided beyond question by the exploring needle. It was clear that there was an enormous formation of purulent matter; but when we came to consider the question as to its probable origin and exciting cause, we were obliged to hesitate. There being nothing pointing to traumatism, and no trace or sign of vertebral disease, with the fact that its appearance was of recent date, it was rather difficult to reach a definite conclusion. Had the man been laid up any considerable time in bed, it would have led us to suspect an abscess, of the psoas variety, or that there was bone disease involving the hip-joint or upper part of the femoral shaft; but with a man walking into hospital unaided, the existence of any of these lesions seemed impossible.

Regardless, however, of what or where the real seat of this pus was, the indications for treatment were very plain. The first, was to open into the matter, and drain it away; the second, to endeavor to find its exciting cause, and if practicable, remove it. It was hoped, with a free vent for the abscess, and the parts well drenched or irrigated with some non-irritating antiseptic solution, that our patient would soon recover; remembering that, for some cause not yet well understood, especially in erysipelas, pus will form in enormous quantities in the deep loose areolar tissues; and also, in what was formerly designated cold abscess, in those of strumous taint.

The man consented to permit us to make an opening, but not to do any severe operation. To do anything else, at that time, in his condition, would have been not only unwise, but censurable also. After putting him under an anæsthetic, a free incision was made, over Scarpa's-triangle, at its apex, carrying it downwards, about four inches.

Immediately on division of the skin, an immense tense sac bulged into the opening made by the scalpel. Now it was evident that something of a most unusual character was in our way. Accordingly, with a view to making an opening amply large to manipulate and explore through, the incision was slightly enlarged upwards, and the superficial and deep fascia were divided separately with the scissors. The pus-sac was now drawn as far outwards as possible, and opened. Pus of the consistence of cream poured through the orifice. It seemed to come from every direction when pressure was made over the quadriceps tendon, the popliteal space, the groin, the loins, the pubes, and even, when firmly applied, over the abdomen itself. It was at once evident that the accumulation had extended into and invaded all the adjacent tissues.

In passing the fingers into the wound, with a view of estimating the extent of pyogenic-membrane, and the course it pursued, it was plain that it had insinuated itself, above and beneath the floor of Scarpa's triangle; that it had displaced the sheaths of the hamstring muscles, pushing away from the bone the femoral vessels in the lower part of the thigh, and burrowing under the sciatic nerve, so that it could be readily defined under the fingers. The pyogenic membrane was of the sacculated variety. It was very thick and tough; where the knife penetrated it, it seemed as dense as the integument itself. Following up along the inner border of the sartorious muscle in the lumen of the sac, I came to the horizontal ramus of the pubes, where an impediment was encountered of a kind which for the time completely baffled us. It was lodged a little to the left of the centre of the pubic body. It seemed as large as, or larger than the hand, of a sort of conical form, with its base downwards and its apex pointing upwards and outwards. Immediately over the summit of this cone passed the femoral artery, which transmitted to the fingers a distinct thrill with each pulsation. The artery was put on a stretch and lifted out of its bed and deflected very much from its normal course by this body from beneath. The mass was distinctly but slightly movable. What it really was, whether a neoplasm or osseous formation growing from bone, or whether it was a fracture of the bone itself, or separation at its epiphysial junction with the ilium and ischium, perhaps attributable to congenital defect, was all conjecture. It was so deeply buried under greatly deranged and infiltrated tissues that its real nature could not be accurately made out.

As the purpose for which we commenced operative procedures was partly accomplished —the removal of pus—and as we were under an injunction from the patient not to make an extended operation, we desisted from exploring any further. Drainage-tubes were inserted and the whole was put up in antiseptic dressings.

After putting our patient in bed and supplying every comfort at hand, time was permitted to study the case and devise some method by which an operation for the removal of this substance, could be accomplished. I had decided not to undertake any further operation without the advice and assistance of Prof. F. S. Dennis, the Senior Visiting Surgeon, as I fully appreciated that there was a case before us of a kind on which we could get little light from the ordinary available surgical literature, either as to its true character or the way to safely remove it, it being one of those cases which now and again turn up, in which we are thrown on our own resources, when we must depend on our own knowledge of the laws of pathology, anatomy, and our own ingenuity. The man immediately improved after evacuation of the pus. The temperature went down to normal, and for a few days he gained strength. Unfortunately his improvement was but transient; pyemia began to manifest itself, and we found that longer delay was unadvisable.

What we had to remove, and how to do it, were the questions we now had to face. It seemed hardly credible, that the body in question could be the fractured or separated pubic-bone; for it would seem, with the point of attachment and origin of leverage of all the adductor muscles and those composing the inner hamstring broken off, that locomotion would be possible, though we all well know the remarkable compensatory action which certain groups of muscles possess. It did not seem impossible that, with the gluteal muscles, the rectus femoris, and those coming from the pelvis, the head of the femur might be retained firmly in position, even if little motion could be executed. Prof. Dennis advised and assisted me in the operation for excision. I may say that without his generous aid and wise counsel we would very likely have failed in our efforts.

How were we to proceed in the displacement of this huge mass without either opening into the parietal peritoneum, or impairing the integrity of Poupart's ligament? To touch the peritoneum with the taint infecting most everything in the region of the wound would be certainly fatal. The great artery of the leg, with the femoral vein, was in danger of laceration or division, as we would be obliged to draw the mass from under them, and effect their detachment in our manipulations.

After very carefully—in anticipation of operation—opening down in the tissues of this region a few days before on the cadaver, and considering the different routes by which it seemed most practicable to reach the formation and bring it through, I found that there was but one way in which it seemed at all possible to remove it without sacrificing very important structures; and even here, it was discovered that we must divide the anterior crural nerve, and possibly be obliged, if the mass was of great size, to divide or crush it with the bone-pliers, and remove it in sections.

With the plan of enucleation well fixed

in mind, and everything in readiness, so that we might deal promptly and effectually with any unexpected accident, we commenced an operation, for a condition to which I can find nothing exactly similar in surgical history. The original incision was extended along the sartorious, till its origin was reached, when the psoas muscles were found, and drawn well towards the acetabulum, from the vessels, which passed directly over them. These muscles were now divided in a vertical direction, their sheaths opened and their fibres separated. We found that they, in the process of time, from excessive pressure from below, had thinned and spread out like a broad ribbon, and seemed to extend over the greater part of the osseous body underneath. This step of the operation was attended with considerable danger, and the greatest caution had to be exercised. The retractors were now inserted, and the blood-vessels pressed generally towards the symphysis and I was enabled to pass my index finger down to what I found was bare, denuded bone. By introducing the periosteum-elevator, and detaching the more or less adherent fleshy tissues, I was able, after a long and fatiguing effort, to remove the cause of all the trouble; the pubic-bone, sure enough. At least, at first sight, its resemblance was so close to that part of the skeleton, that we could not well liken it to anything else. It was structurally identical to this portion of the skeleton. It had the same shape, the two rami, the ischium attached or fused with it below, the tuber, to which all the hamstrings are inserted, preserving its normal contour and position, the obturator foramen being of the same oval outline as usually met with. When this bone, then, was raised from the pelvis, we certainly concluded that it had separated from the acetabulum, either through disease, faulty original development, or from an accidental fracture. In the course of exsection, there was unavoidably considerable mutilation, and it was found impossible to proceed without the bared, lacerated muscular tissue coming in contact with the extensive purulent material which seemed to issue from every direction. In the meantime everything was done to avoid the contamination of healthy parts. The bichloride solution was freely applied, for the purpose of washing out and neutralizing any septic taint which might linger in the deep tissues. Drainage-tubes of various shapes and sizes were introduced, and counter-openings were made, so that the whole tract of the wound could be effectually treated. The usual antiseptic dressings were applied, and the patient returned to the ward.

He re-acted very slowly; the effects of shock persisting considerable time. The morning following the operation he was much improved, the temperature being but slightly elevated; though the pulse remained weak. He seemed to gain until the fourth day, when pyemia again declared itself, with well-pronounced symptoms. Meanwhile every day the wound was dressed. Pus came away in enormous quantities, soaking through all the many layers of antiseptic cotton and gauze which enveloped the wound. After the fifth day, it became evident that we must lose our patient. He now had a profuse, uncontrollable diarrhœa with exhaustive sweats, and was in constant pain when not under the influence of opium; and on the evening of the tenth day he passed quietly away.

Fortunately we were permitted to make an extensive and very careful examination, *post-mortem*. Notwithstanding his severe illness, the patient had emaciated but little. A most casual examination now showed conclusively that, though we had removed a pubis and ischium, the whole of the pelvic skeleton, the whole of the left wing of the ploughshare—as anatomists designate this bone—remained. *If one had been removed*, it was *clear that another remained*. Turning our attention to the limb, to the line of incision, we found that, though the silk sutures still held the edge of the wound together, there was no attempt at union. Everything was pus soaked. Between the different layers of fascia and the muscle-sheaths, extending down to the terminus of the biceps, a large, broad, thick, pyogenic membrane was to be seen, with its dense, tough walls, externally adherent to everything which came in its way. At one point, reaching out and engaging the sheath of the large vessels, and at another firmly adherent to the floor of Scarpa's triangle, pushing up and away from it the rectus and fascia lata. In the thigh it had very many well-defined diverticula, which seemed to have bored themselves into and through everything which came in their way. The lining of this sac was smooth, though with an irregular surface, not altogether unlike the serous lining of an artery.

Finding that it had crowded the various groups of muscles in the ham, in every direction, we now followed it towards the body, presuming that its limit would be reached at the seat of the original trouble on a line with the pelvis brim, but we found the pathology of this case as inexplicable and puzzling as its clinical history. Arriving at the crural arch we stopped. Now, after removing the pelvic viscera, which we found healthy, we continued our exploration upwards. This strong, leathery pus sac, after entering the pelvis, to the inner side of pubic bone, its horizontal ramus was now traced upwards, behind the peritoneum and between the psoas-muscles up to their very roots, dividing in its upward course into two saculi, which penetrated the sheaths of these two muscles and ended only at their origin; in fact, when it seemed it could go no further. Taking care that there was no necrotic action going on in the bodies of the lumbar vertebræ to account in part for this pus production, they were minutely examined, but with negative results. In the pelvis, as in the limb, diverticula extended in nearly every conceivable course. Pus was found to ooze through the tissues in the line of the femoral vessels, in the opposite limb, along the rectum and under the floor of the bladder.

We now came to the outer and anterior wall of the bony pelvis, in search for the part from which this osseous formation had come. Just anterior and above the acetabulum, directly beneath the anterior inferior iliac spine, and under the iliac and psoas-muscles, was a broad, rather circular-shaped stump of a bone, showing evidences of recent cleavage. This stub or stalk had a broad regular base, rising directly from the horizontal ramus of the pubis. Its fracture was about half an inch from the pectineal line, and took an irregular oblique direction. It was entirely stripped of pereosteum until the body of the pubis was reached where this covering was intact. I now removed the entire os inominatum. The body being not yet matured, the sacro-iliac junction was easily divided with the knife.[1] Nothing of special interest was found in the organs, except in the lungs, where typical infarctions were seen in abundance. We had, at last, after many conjectures and aimless gropings, been able to determine without question what our patient's affliction was.

For some time after my patient's death, I thought about the causes which might have given this osseous outgrowth its strange similarity to the pubic bone. About a month after our man's death I was narrating a few of the interesting features of the case and showing the specimen, when my friend, Dr. James O'Brian,[1] of New York, on getting the bone in his hand, pronounced it a reduplication of the os pubis. He further said that it was his opinion that the production had existed since birth, and that it was only when perhaps disentegrating from imperfect nutrition, it gave way, and became a foreign body. My friend O'Brian's opinion of the matter struck me as so simple and rational, that it could hardly be questioned. If we can have supernumerary fingers, members and organs, it seems quite reasonable to suppose that the same freaks of nature may extend to the pelvic bones. It occasioned trouble only, when detached, when it became a source of irritation.

Had we clearly comprehended its nature at the outset, its management might have resulted in greater success.

I believe if we had aspirated off the pus, a little at a time, and kept the cavity of the sac well aseptic, besides watching the patient's general condition, and keeping him well nourished until his strength was restored, we might have removed the reduplication or exostosis with every prospect of success. But in opening up the way to bring the bone through, healthy tissues were unavoidably infected. The pyogenic membrane was a most remarkable pathological production, both for its extent and thickness, as well as its beautifully illustrating the conservatism of the economy, in placing this barrier between the sound and diseased parts, covering, confining, and limiting the diffusion of pus. It showed how completely and effectually purulent material may be walled in, without there being any pronounced symptoms or serious constitutional disturbance present to indicate its existence. It may, I think, be asked, in closing, as this was a benign formation destitute of any malignant elements, if left alone, might not the result have been different? I think it might. In time this diffusive abscess would no doubt have pointed, thinned the skin, in its course towards the surface formed firm adhesions in its way through, and opened spontaneously without in any way contaminating healthy tissues. The sac gradually undergoing contraction, thinning and absorption, until at last the economy, having no further use for it after the extended exostosis had come away, and throwing off the last vestige of matter it contained, would quickly and entirely dissipate it. As it was, every reasonable precaution was taken, but owing to the obscure character of the condition existing, a correct diagnosis was nearly impossible, and we were obliged to deal with difficulties as they arose.

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[1] Specimen exhibited.

[1] Dr. James O'Brian, M. R. C. S., Ireland, late Surgeon of Enniskillen Dragoons, Eng.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE: SECTION ON ORTHOPEDIC SURGERY.

Stated Meeting, April 19, 1889.

A. B. JUDSON, M. D., Chairman.

Psoas Abscess following Pott's Disease.

DR. V. P. GIBNEY presented a patient, a girl fourteen years old, on whom he had operated for double psoas abscess following Pott's disease of nine years' duration. The carious vertebræ were evidently consolidated when, in last November, large abscesses were discovered, and the patient was brought under treatment. On the right side the tumor was incised in Scarpa's space, and long forceps were passed under Poupart's ligament through the iliac fossa, and into the lumbar region, and a counter-opening was made on the forceps along the border of the erector spinæ muscle. Pieces of bone escaped with the pus. The cavity was curetted, and the bone scraped gently. With antiseptic dressings and injections of carbolic acid solution (1–40) and one per cent. creolin solution, both wounds closed in a month. The left side was then operated on by simple incision and drainage. Large quantities of bone detritis were scooped out with the finger. A sinus still remains on the left side from which a piece of bone is occasionally discharged.

The case was exhibited as showing the advantage of Owen's method over attacking simply the sac and not the whole suppurating track. Dr. Gibney believed it would have been better to have treated both sides according to Owen's method; but in general he doubted the propriety of doing this operation during exfoliation, which would necessitate a subsequent operation. It is also important that the patient should be in pretty good condition.

DR. R. H. SAYRE had used injections of peroxide of hydrogen in large abscess cavities, with better results than from carbolic acid, or bichloride, or boro-salicylic solutions.

DR. GIBNEY said a similar experience had been reported by Dr. Vance.

DR. JUDSON thought an objection to operating on these cases was that, for the natural incarceration of the pus and detritus we substitute an artificial opening, necessitating antisepsis to hasten cicatrization. If these accumulations are doing no harm, it is better to leave them for removal by natural processes; and if in due time they perforate the skin, the general and local conditions are ready to promote evacuation and speedy cicatrization.

DR. J. A. WYETH said that operation is indicated when large abscesses are situated on exposed parts of the body, and liable to injury and subsequent septic complications. He recalled the case of a woman who, thirteen years after being considered cured of Pott's disease, slipped and fell on a large gluteal abscess. The accident speedily gave rise to symptoms of sepsis with high febrile movements, and several operations under ether were necessary for the removal of bone detritus, which was spread through the gluteal muscles. The patient ran great risks, but finally recovered. He had had other similar cases. A psoas abscess behind the peritoneum, causing no trouble, should be let alone, but one pointing in the thigh, back, or other exposed situation should be operated upon as the danger of the operation is almost nil.

DR. N. M. SHAFFER was reminded of the history of a patient with Pott's disease and an abscess occupying the gluteal region and the anterior part of the thigh. The child fell, striking the gluteal tumor. The immediate symptoms were alarming, but without the adoption of any special treatment the accident resulted in the entire disappearance of the abscess. If there were any means of determining with certainty when an abscess from Pott's disease contains bony detritus, it would be preferable to operate; but while spondylitis is still active, it is better to postpone operation as long as possible. He recalled a case of Pott's disease and hip-joint disease which he had been watching for several years, where spiculæ of bone as large as the end of the finger were expelled in a sudden and violent attack of coughing. The bone was undoubtedly from the cancellous structure of the sixth or seventh cervical vertebra. The patient was relieved at once, and physical examination showed that very little trouble had been caused by the entrance of the bone through the lung tissue into the bronchial tubes.

Knock-Knee-Club-Foot-Deformity following Hip Disease.

Dr. J. A. Wyeth, in a paper on Osteotomy, described two cases in which he had corrected in- and out-knee in the same patient by double osteotomies. The patients were three and a half, and four years old respectively. Both were discharged entirely relieved. Strict antisepsis was followed and the limbs were dressed in plaster of Paris in a position of over-correction. He prefers McCormac's incision on the outer side and just above the capsule, since the saphena vein and anastomatica magna artery are not endangered as in Macewen's operation on the inner aspect of the thigh. He also briefly related the history of three cases in which patients, aged thirteen, eighteen, and twenty-six years respectively, had been relieved of the deformity following hip disease, and restored to good locomotion by operations on the femur. The method pursued was Gant's osteotomy below the lesser trochanter. The after treatment had been Buck's extension and Hamilton's long splint. In one of the patients there had been double hip disease. Two months after the left femur had been operated on the right was operated on; and four months after the date of the first operation, the patient was discharged cured, with good locomotion.

He also related two cases in which congenital talipes equino-varus of the most exaggerated type had been corrected with good recovery, and with the feet in excellent shape. Tenotomy of the tendo Achillis, tibialis anticus, and tibialis posticus was first done; the first two subcutaneously, and the last by open incision, the tendon being dissociated from that of the flexor digitorum, and divided on an aneurism needle. The operation was completed by an osteotomy as follows: An incision was made on the outer side of the dorsum, exactly over the point of greatest convexity; the tissues were lifted from the tarsus by an elevator, and a conical section including portions of the calcaneus, astragalus, cuboid, and scaphoid was removed. The rule should be to remove all parts which prevent re-placement of the foot. The foot being brought into normal position by eversion and rotation, aseptic dressing and plaster of Paris completed the treatment, the result of which was excellent.

Dr. Gibney said that the anatomical point raised in the paper concerning supra-condyloid osteotomy certainly commends to us the operation of McCormac. Although in- and out-knee in the same subject is rare, he had seen many instances of multiple deformity among Bohemians and Italians. He had recently done a sextuple osteotomy at one sitting, and is treating an ununited fracture of the right tibia, all the others having united.

Dr. Judson thought that in congenital talipes the reduction of the deformity by mechanical or operative means is easy; but that is a small part of the necessary treatment. So long as the patient is growing, he must be under occasional observation, and if necessary made to wear for a few months, at intervals of two or three years, a brace fitted to the present needs, in order to prevent threatened relapses. In the deformities of the knee, there is especial reason for preferring mechanical means of correction, because here we have the advantage of the leverage found in the tibia and femur; while in club-foot, there is only the tibia on one side, and on the other, the short and many-jointed foot.

Dr. H. L. Taylor said that late observation of the results of treatment is of especial importance in orthopedic practice. If surgeons and orthopedists would report the conditions of patients five, ten, or more years after dismissal, a more intelligent choice of methods could be made.

Dr. Shaffer said that his experience with mechanical appliances in the treatment of club-foot leads him to think that many severe operations are performed on patients who could be better treated by traction. He recalled a case in which there was confirmed equino-varus, although three or four tenotomies and five or six osteotomies had been performed. He had applied the "external lateral stretcher," and the patient is now walking on the flat of the foot. He referred to the interesting question whether osteotomy is advisable when there is motion in the hip-joint. In a patient on whom Dr.

W. T. Bull had operated, some motion was found after etherization. The reduction of the deformity by osteotomy had been followed by persistent traction with the hip-splint; and good position and slight motion had both been retained.

Dr. **Gibney** believed that the presence of motion is not a contra-indication to the operation. About six months ago, he had performed Gant's operation for a right-angled deformity. The flexion had been reduced from 90 degrees to 15 degrees, and the limb was retained at 15 degrees of flexion by a traction apparatus for three or four months, when it was removed and the patient allowed to walk about with a high shoe. After about six weeks, the flexion had increased to 25 or 30 degrees. Traction was re-applied, and the limb is being again brought down. He recognized the necessity of protective apparatus in order to retain or increase the result secured by operation.

Dr. **Wyeth** had operated in several cases in which there was motion, and had refused to do it in others. In a patient whom he had seen with Dr. L. A. Sayre there was considerable motion, and he had done a tenotomy for temporary relief, postponing osteotomy.

Dr. **R. H. Sayre** said that in the case referred to, improvement had followed the tenotomy, but an apparatus is necessary to prevent a return of deformity. He thought that in some cases sufficient reduction of the flexion might be brought about by section of the psoas and iliacus muscles. This had been done in one case in which, although the operation had been subcutaneous, injury of the vessels had been avoided. By open section, this danger would be avoided.

Dr. **J. D. Wilson** expressed surprise at the frequent mention of elevations of temperature in the history of Dr. Wyeth's cases, which had been treated antiseptically. Have our teachings been too absolute, or do such temperatures really indicate imperfect antisepsis?

Dr. **Wyeth** replied that "the temperature of reaction," occasionally as high as 102 degrees, occurred in the first twenty-four hours, but it usually fell to normal in forty-eight hours. Traumatism, ether, shock, and the use of sublimate combine to produce this reaction, which might still be called an aseptic temperature.

He closed the discussion by saying that the simplicity and safety of osteotomy had been shown by the cases he had reported. While no case of equino-varus treated in the first two years of life should require tarsotomy, neglected cases will present themselves where nothing but tarsotomy will give relief. The operation may give considerable foreshortening to the foot, but one can certainly correct the deformity, however great, by removing enough bone; and if this be properly done, he believed it to be real conservatism.

FOREIGN CORRESPONDENCE.

LETTER FROM PARIS.

Meeting of the British Medical Association: Addresses and Hospitalities. — Paris — Pasteur's Method for Hydrophobia.

Paris, August 30, 1889.

Recently it was the writer's very great pleasure to attend the fifty-seventh annual meeting of the British Medical Association, held in Leeds August 13 to 16. Both in a scientific and social way the meeting was all that could be desired. This Association is several years older than our own American; it has more than twelve thousand members and an average annual attendance of about one thousand. The American Association has only about six thousand members and an average annual attendance of from eight hundred to one thousand. Taking into consideration the greater distance many of the American physicians have to travel to get to the meeting, this would show somewhat greater interest on the part of the American physician.

The President of the Association was Mr. C. G. Wheelhouse, Consulting Surgeon to Leeds General Infirmary, who performed the duties of his office in an able and dignified manner. In his opening address, he compared the condition of the physician of fifty years ago with the advantages and opportunities of the physicians of the present day in a very interesting manner. The meetings of the sections were held in the same building, except those of the section of Public Medicine, which were held in a building not far away. A daily programme being issued every morning, one could readily see what papers would interest him, and knew just when and where to go. On the outside of the door leading into the section room a bulletin was posted, announcing the subject of the paper being read at the time, so one could readily see before entering the room what was going on.

If any one thinks that these annual meetings are more for amusement than scientific work, they are greatly mistaken, as the sections were in session every day from ten A. M. to two P. M., thus giving an abundance of time for the reading of papers and their discussion. The general meetings were held in the afternoon, from three to four o'clock; after four o'clock the remainder of the day and evening was devoted to social enjoyment.

On the afternoon of the opening day a special service was held in the beautiful old parish church of Leeds. Dr. Boyd Carpenter, the Lord Bishop of Ripon, preached the sermon, which was a remarkably eloquent and impassioned discourse, in which he drew a striking parallel between the work and aims of divinity and of medicine.

The address in medicine was delivered by Mr. J. Hughlings Jackson. In it he spoke of the evolutionary theory in modern medicine. The address in surgery was by Mr. Pridgin Teale, one of the consulting surgeons to the Leeds General Infirmary. His subject was: detail in surgery. In his address he spoke of attention to detail as a student's lesson, and said that, to be a master of detail was the keystone of success in surgery as emphatically as in other sciences where mechanics play a great part. He is also inclined to believe that improvements in the methods of administration have made ether a much safer anæsthetic than chloroform, and for the last fifteen years he has used only ether in his surgical work.

The Address on Mental Disorders was delivered by Sir James Crichton Browne, whose theme was the Hygienic Uses of Imagination. In his address he also spoke of the necessity for preparation on the part of the general practitioner for the treatment of cases of insanity, as nearly all the cases passed through his hands before coming to the specialist or the asylum physician. He also urged the importance of skilful early treatment in cases of insanity. To minister to minds diseased, in his estimation, demands qualifications on the part of the ministrant for which the ordinary curriculum of the present day provides very inadequately. He must first drink from the fountain indicated by Sir J. Crichton Browne in his address; his eyes will then be opened to the sweet oblivious antidotes to the troubles of the brain, which imagination has in store, and to which it is well within his power to direct his patients.

To enter into detail as regards the work of the various sections would require more space than can be allotted to this letter. Suffice it to say, that good and practical work was done in each one. The hospitality publicly extended to the Association was most generous. The Mayor of Leeds showed great interest in the meeting, and heartily coöperated with the President in the general arrangement. On Wednesday evening a highly successful *soirée* was held in the Art Gallery and Municipal Buildings. The annual banquet was given in the Town Hall on Thursday evening, and on Friday evening the Mayor and Mayoress gave a most elegant reception and ball in the Town Hall, about fifteen hundred people being present. Of the private hospitality shown during the meeting, not only by members of the profession, but also by many private persons in Leeds, it is not necessary to say more than that, as it was generously extended so it was warmly appreciated.

Since my arrival in Paris I have had the pleasure of witnessing M. Pasteur's method of inoculation for the prevention of hydrophobia. The work is mostly done by his assistants, M. Pasteur himself very rarely doing any of the inoculations, although he usually comes into the operating room and superintends the inoculations, which usually number from fifty to seventy-five every morning, the patients coming from all parts of the world to receive his treatment. The material for inoculation is prepared from the spinal cord of the rabbit or guinea-pig, dead from hydrophobia. The injections are made with the ordinary hypodermic syringe. This is charged about half full with the inoculating fluid, and the needle is then dipped into hot almond oil, and the part to be injected sponged with a solution of corrosive sublimate. These injections are administered to the patient for fourteen days; for the first five days two injections are given in each side below the last rib, and for the next nine days one side only is injected, unless the patient has been very badly bitten, and then double injections are kept up to the end of the fourteen days.

D. A. Hengst, M. D.

—The North Philadelphia Medical Club has been organized, with Dr. J. K. Cassel as President, to establish a hospital in the northern part of the city, probably in Nicetown.

PERISCOPE.

Operation for Stenosis of the Pylorus.

At the Eighteenth Congress of the German Society for Surgery, April 24–27, 1889, Dr. Angerer, of Munich, made some remarks upon the diagnosis and indications for operation of stenosis of the pylorus. In stenosis of the pylorus, he said, inflation of the stomach—when it is not adherent to neighboring organs—causes it to be directed downward and to the right. If there are very few adhesions, the tumor of the pylorus is fixed. If on inflation the stomach is directed toward the left and upward, then adhesions are present. Angerer operated on sixteen cases; and concludes that typical resection of the pylorus is practicable and successful only when the pylorus takes the normal direction on inflation of the stomach with gas. If the pylorus is fixed by adhesions to the neighboring organs, there is no indication for operative treatment. For resection is not practicable on account of the adhesions, and gastro-enterostomy is not necessary, as there is no actual stenosis.

As regards the result obtained, Angerer states that out of six cases of resection of the stomach, one patient—a woman—was living in the best of health after more than two years; two patients died after a few weeks, and three a few days after the operation. Of six cases of gastro-enterostomy, one patient had been living for months, and has so far recovered that he can pursue his occupation. Two other patients died in a few weeks, and three in a few days after the operation. In four cases only an exploratory operation was done, because operative treatment was impracticable.

In the discussion upon Angerer's paper, Lauenstein, of Hamburg, said he had performed twenty operations for stenosis of the pylorus. By comparing the conditions found before the operation with those found afterward, he had obtained a series of important points in diagnosis. In tumors of the pylorus, which may be occasioned by carcinoma as well as by thickening of the muscular tissue of the pylorus, an active and a passive mobility are to be distinguished. The latter is the capacity for displacement by the hand of the examining physician; the former is the movement of the tumor observed as the stomach is filled and emptied, or *vice versâ*. Tumors which, when the stomach is filled, lie far to the right in the flank, or in the depths of the right hypochondium, and which, when the stomach and intestine are empty, are found to the left of the middle line and above the navel, are probably free from tight adhesions and associated with a long flexible deodenum. In spite of free movement of the tumor there may be considerable glandular involvement, and also extension of the carcinoma in nodular form beyond the borders of the tumor to the fundus of the stomach. A tumor which, when the stomach is filled, cannot be felt because it lies in the deeper part of the right hypochondrium, may at times be seen when the stomach is empty. Cancerous tumors, because they grow more rapidly, usually occupy a higher position in the belly than tumors caused by an ulcer with thickened pyloric walls. These have a strong tendency, on account of their deep position, to form adhesions with the transverse meso-colon. In spite of these adhesions, however, such tumors may be quite movable on account of the length of the transverse meso-colon. Usually a benign tumor feels smooth through the belly walls, while a carcinoma feels nodular, though the reverse may be the case. A rapid course and the very early appearance of cachexia are in favor of carcinoma. Dilatation is greater in ulcer with stenosis than in carcinoma. In spite, however, of all aids to diagnosis, it is not possible to determine accurately before opening the belly, whether the trouble is carcinoma or ulcer with stenosis, nor what kind of operative treatment can be carried out. A probable diagnosis, on the other hand, is not difficult to make.

Of Lauenstein's nine cases of resection of the pylorus, five died a few days after the operation; of nine cases of intestinal fistulæ, only two died as a result of the operation, while the rest lived a long time, free from vomiting, eructations, and constipation.—*Beilage, Centralblatt für Chirurgie*, July 20, 1889.

Inoculated Leprosy.

At the recent Dermatological Congress at Prague, Dr. Arning of Hamburg gave an account of the notorious case of inoculated leprosy which he had supervised when in the Sandwich Islands (*Wiener Med. Woch.*, No. 29). Dr. Arning, in 1884, was permitted to inoculate a condemned criminal, with the latter's consent. Up to that time he says that the results of inoculation had been negative (*e. g.*, twenty recorded by one observer, ten by another). The man whom he inoculated had no inherited taint. The virus was introduced by "suturing" a piece of affected skin on to that of the subject, and also by punctures, etc., in various parts of the body, the giver being a girl nine years old who had passed through a severe febrile period and was suffering from tubercular leprosy. The immediate result was negative, but four weeks following the inoculation the man was attacked with an affection resembling an apyrexial subacute rheumatism. The first joint involved was the left elbow, the left arm having been selected as the site for the transplantation of a portion of leprous skin; and then other joints became attacked, the attack lasting for four months. Then occurred some characteristic swelling of the left ulnar and median nerves, which subsided in the course of six months. Meanwhile there had developed on the keloid-like scar of the inoculation site a typical leprosy nodule, from which abundant bacilli were obtained. Since Dr. Arning has returned to Europe he has learned that the disease had made marked progress (the drawings of the man's condition had been unfortunately lost, probably owing to the changes which had lately taken place in the staff of the prison and infirmary), and the unfortunate man was now in a condition of marked marasmus. Dr. Arning remarked that the case was not absolutely conclusive of the communicability of leprosy, since the man by birth and residence might have been predisposed to the disease.—*Lancet*, July 27, 1889.

Beef-Tea as a Heart Stimulant.

Dr. T. Lander Brunton says: It is curious to note how a well-grounded practice often holds its own amid changes of theory, and beef-tea still maintains a foremost position amongst our cardiac stimulants. We have other drugs which increase the power of the heart, and which are most useful in their place: digitalis, strophanthus, convallaria, adonis vernalis, and erythrophlœum, and the whole class of drugs usually known as cardiac poisons. Unfortunately these drugs do not always give us the result we desire, and at present we are often unable to say why they fail. We do not know their chemical constitution, and therefore we cannot modify it or produce at will drugs having a similar but not identical action, as we can, to a certain extent, in the case of antipyretics and analgesics. Starting from beef-tea, however, we may perhaps obtain what we want. One of the constituents of beef-tea is xanthine. This has a very powerful action on voluntary muscular fibre, but its effect on the heart requires to be more carefully made out.—*British Medical Journal*, July 13, 1889.

Extirpation of the Prostate for Malignant Tumors.

At the meeting of the Eighteenth Congress of German Physicians, April 24–27, 1889, Dr. A. Stein, of Stuttgart, read a paper on extirpation of the prostate for malignant tumors. After giving some statistics indicating the great rarity of the disease, he mentions eleven cases in which operations were performed for removal of malignant growths. In eight of these cases there was a fatal result within a year after the operation, either from the operation, from relapse, or from some other cause. Three of the cases are his own, and of these he gives a brief account. Stein admits that the results hitherto obtained from operative treatment are pretty bad; but still he thinks operation should not be completely rejected, as the disease is sooner or later fatal; and, as the distress occasioned by it is so horrible, we may not give the patient up to his torturing condition. The most unfavorable tumors in prognosis are the sarcomas and the rapidly-growing forms of carcinoma, which Guyon has called prostato-pelvic. Better chances are afforded by the slowly-growing forms of carcinoma confined to the prostate.

The results obtained from operation are better, the earlier the operation. The question arises, whether or not we are in a position to diagnosticate a malignant growth of the prostate at a relatively early period. The only disease which can cause confusion is hypertrophy of the prostate. Both diseases have much in common at the beginning; yet there are certain symptoms which make a differential diagnosis possible. Most important in the diagnosis of cancer are the extremely violent pains, shooting into the legs, into the glans penis, and into the back. These pains are independent of micturition, and are never present in simple hypertrophy.

The pains in urinating increase until they are unbearable; and in a series of cases there is no disturbance on urinating, but very violent pains connected with defecation. Bimanual palpation with the patient thoroughly anæsthetized is a very valuable aid in diagnosis, and gives information as to the size of the tumor and its movability, and whether there are adhesions to the surrounding tissues, or swelling of neighboring glands.

Puncture of the tumor from the bowel should contribute to establishing the diagnosis, as it did in a case of Spanton's, in which by puncture a piece of tissue was obtained, which was examined microscopically, and the diagnosis of sarcoma was accurately fixed.

As regards the operation itself, the one from the bowel is the only one possible. After loosening the rectum good access is obtained to the prostate. The seminal vesicles, and the glands around the prostate, which are usually also diseased, can be best viewed from here. This operation also produces wound conditions favorable to the escape of urine, which, of course, flows away continually.—*Beilage, Centralblatt für Chirurgie,* July 20, 1889.

International Congress against the Abuse of Tobacco.

The *Progrès Médical,* July 13, 1889, gives a brief account of the international congress to protest against the abuse of tobacco, which was recently held in Paris. M. Ortolan made the interesting statement that the proportion of nicotine in tobacco is less when the stalks grow close together, and when the leaves are numerous and placed very low upon the trunk. This is the reason, he said, why the German, who smokes more than the Frenchman, poisons himself less. In the former country tobacco growing is free, whereas in France it is regulated by the Government, and the number of leaves to the stalk is limited. French tobacco, he said, contains as much as six per cent. of nicotine.

Dr. Pradel spoke of the influence of tobacco upon pregnancy and lactation, and cited a large number of cases of abortion produced in women working among tobacco. M. Dujardin-Beaumetz remarked that the absorption in these cases was through the skin, as the abortions occurred in those who were continually handling tobacco, not in those who smoked.

Insanity after Mumps.

In the *Lancet,* Aug. 10, 1889, Dr. R. Percy Smith, of the Bethlem Royal Hospital, says: Insanity is well known to be associated with several of the infectious fevers as a complication or sequela, but I am not aware that cases following mumps have ever been recorded. Mumps is not mentioned in the ordinary text-books on insanity under the heading of "Post-febrile Insanity," and therefore the following cases have appeared to me to be worth recording.

CASE 1.—A clerk, aged nineteen, was admitted to Bethlem Hospital on June 19, 1888. He had enjoyed good health previously to this illness and had never suffered from insanity before, and there was no neurotic inheritance. A fortnight before admission he had suffered from mumps, there being other cases in the family and in the same village. His attack was associated with diarrhœa so severe as to be called "English cholera" by the doctor attending him. The patient was said to have been extremely exhausted and almost pulseless afterwards, and was described by his friends to have been "nearly gone." On recovering from this about five days before admission he became excited, sleepless, and rambling, and passed into a condition of acute mania, in which state he was admitted to hospital. There was no special feature about his insanity while in the hospital; he rather rapidly improved, and was discharged recovered in October last.

CASE 2.—This case occurred in a young medical man who had an attack of mumps complicated with severe orchitis, for which he was admitted to a general hospital, and as a result of which he became depressed and suspicious, thought he was guilty of imaginary crimes for which he dreaded punishment, and was suicidally inclined. He had a short attack of melancholia, which passed off with improvement in his physical health, and eventually he recovered perfectly without the necessity of being sent to an asylum.

It is worthy of note that in both cases there was a severe complication associated with the mumps, so that there was considerable physical exhaustion, this seeming to have more to do with the attack of insanity than any severe febrile process or metastasis.

Surgery of the Gall-bladder.

In a paper read before the Eighteenth Congress of German Surgery, April 24–27, 1889, Dr. Credé, of Dresden, said that he had had five cases of operation upon the gall-bladder, all of which had been easily cured. There were two cystotomies; one patient was operated on once, one twice—the latter being left with a fistula. There were two extirpations of the bladder, and one so-called ideal cystotomy—that is to say, an operation in which the bladder is opened, the opening closed, and the bladder dropped back into the abdominal cavity. In all the cases there were stones in the gall-bladder, with or without dropsy.

Credé has noticed, after extirpations of the gall-bladder, a transient falling off in the keenness of the appetite. He proposes to burn the wound in the liver as thoroughly as possible and to let the wound in the belly remain open, filled loosely with iodoform gauze; this he does in order easily to control subsequent bleeding and to give free vent to the secretions from the wound, and eventually to the bile. He thinks that in future extirpation of the gall-bladder, and the so-called ideal cystotomy, will be practised most frequently in degeneration of the bladder and closure of the duct, and when the conditions approach those that are physiological. Suture of the gall-bladder, with the formation of a fistula, is indicated only when a patient is very much reduced in strength, or when the surgeon has not the assistance necessary for the graver operation. Credé thinks the operation should be undertaken as soon as the disease assumes a severe and chronic character.—*Beilage, Centralblatt für Chirurgie,* July 20, 1889.

Malpractice Suits.

Dr. C. N. Ellinwood, of San Francisco, says, in the *Pacific Med. Journal,* August, 1889: Under existing laws and court rules, together with newspaper practices, the practitioners of medicine, as a class, suffer great injustice and annoyance from ignorant and dishonest people as above related. It is so in this city and throughout the State, that the majority of physicians who have attained prominence and a reputation for ability to pay, have been obliged to defend suits of this character. Some united action ought to be taken by the medical profession to stop such slanderous attacks upon its members.

Our County Medical Society made an effort in the last Legislature to pass an amendment to the libel law in our Code, giving the same protection to physicians, that editors and others have, *i. e.*, requiring the complainant in malpractice suits, just as in libel and slander suits, to make an undertaking to pay the costs of suit in case it be dismissed, or is decided adversely.

The text of the bill introduced amended the present act to read as follows: "In an action for libel or slander, and in an action against a physician or surgeon to recover damages for the alleged malpractice of such physician or surgeon, the Clerk shall before issuing the summons therein, require a written undertaking on the part of the plaintiff in the sum of five hundred ($500) dollars, with at least two competent and sufficient sureties, specifying their occupation and residences, to the effect that if the action be dismissed or the defendant recover judgment, that they will pay such costs and charges as may be awarded against the plaintiff by judgment, or in the progress of the action, or on an appeal, not exceeding the sum specified in the undertaking. An action brought without filing the undertaking required shall be dismissed."

This bill was favorably considered in the House, but was strenuously opposed in the Senate by some of the lawyers from the interior counties, on the ground that it discouraged litigation and it failed to pass.

The State Medical Society of California, at its last session, expressed the opinion that medical men need and ought to have protection against slanderous malpractice suits, and appointed a Committee to investigate the question and report a plan to be adopted by the Society at the next meeting. That Committee, through its Chairman, Dr. C. N. Ellinwood, 715 Clay street, San Francisco, is in correspondence with medical men and societies in other States, with a purpose of getting the experience of older communities in this important matter, and the Committee would be glad to receive suggestions and information from any one that may contribute to the furtherance of the Society's aim. Dr. Walter Lindley, of Los Angeles, and Dr. H. J. Crumpton, of Saucelito, are the other members of the Committee, and would be glad to receive any information or suggestions on this subject.

THE
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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

BACTERIOLOGY AND PRACTICE.

The relation of microbiology to the advance of knowledge in regard to the prophylaxis and treatment of disease is a matter which is as yet by no means clearly defined. Enthusiastic workers in the experimental laboratory are constantly proclaiming the discovery of microscopic parasites in different diseases, and, by the brilliancy of their discoveries, dazzling the minds of the medical profession. But the brilliancy of these discoveries is by no means equalled by improvements in our methods of practice due to them. In fact there are exceedingly few diseases which are treated better, or more successfully, because of the application of knowledge gained in the bacteriological laboratory. In nothing is this disappointing fact more apparent than in the case of tuberculosis and cholera. The most striking discoveries of many years have been those of the tubercle bacillus, and the cholera bacillus; and, what have they done to improve the methods of treatment for or prophylaxis against tuberculosis or cholera? In regard to tuberculosis, the only valuable application of a faith in the etiological relation of the bacillus to the disease, is made in surgical practice; and this—valuable as it is—simply confirms principles practically applied long before the bacillus was heard of; while in the treatment of tuberculosis of the viscera nothing whatever has been gained. As before, so now, attention to general hygiene, good air, good food, and roborants are the only means of treating tuberculosis successfully. As to its prophylaxis, the same is true. At present there is evidence accumulating which indicates that pulmonary phthisis may be infectious; but this is a discovery entirely independent of bacteriological studies, and one which—if true—will be met by measures which have nothing to do directly with the germ theory of disease.

Turning now to cholera, we find about the same state of affairs. Dr. Fernand Roux, of Paris, has recently gone over this subject. He calls attention to the sensation caused by the discovery of the comma bacillus and the announcement that it is the cause of cholera. What effect, he asks, has this had upon the treatment or prevention of cholera? The imitative genius of Gamaleïa has brought forth the suggestion that previous inoculation with attenuated virus of cholera may protect an individual against an attack of the disease. But this suggestion only shows the lack of the logical faculty which seems to possess the disciples of Pasteur. Cholera is not a disease analogous to any in which there is respectable claim for the usefulness of preventive inoculations; and there is no reason—and, of course, no experience—to support the notion that preventive inoculations would have any influence on the development of cholera.

Then, as to treatment: M. Yver suggests corrosive sublimate, administered with the idea of killing the microbes so as to cure cholera or prevent its development. But the treatment of cholera with mercuric chloride has been tried repeatedly, and gives no results to indicate that it is superior to other methods. Again, as Roux points out, the notion of the prophylactic power of mercury receives a shock from the fact that syphilitics saturated with mercury enjoy no immunity against cholera.

These disappointments in applying the theories of bacteriology to practice in medicine Roux contrasts with the results obtained in the prevention of cholera by methods which leave the particular character of the virus undetermined. These results, he says, are absolutely marvellous, and they have been obtained by the English physicians in India by observation alone and the study of epidemics, without a single theory being advanced. From 1826 to 1844 there died, on an average, annually from cholera 35 per 1,000 inhabitants. At the present time the mortality has fallen to 2 per 1,000. This almost incredible result has been obtained by substituting filtered water for that which was employed without taking into consideration from whence it came. Everywhere where this substitution was effected the cholera has diminished in such proportions that it may be admitted that the Europeans in India are protected against the disease if they do not commit any imprudence. At Calcutta, before 1870, the average mortality from cholera was 10.1 per 1,000. Since this period, from which dates the establishment of pipes of filtered water, the mortality is 3 per 1,000, having diminished by more than two-thirds. This result can only be attributed to the distribution of filtered water to the inhabitants. That which absolutely proves this fact is that in December, 1877, one of the principal reservoirs was seriously damaged, in consequence of which the distribution of filtered water was suspended for some time. The cholera, which before the accident was at its normal rate, assumed an ascending progression, and diminished as soon as filtered water was redistributed for consumption. It is true that enthusiastic microbiologists may say that it is precisely the microbe discovered by Koch, which propagates the cholera, and that consequently the prophylaxy of the malady proceeds from this fact. It may, however, be observed that a great number of English physicians, and those not among the least eminent, refuse to accept the ideas of Koch. The filtered water distributed at Calcutta does not pass through filters capable of retaining a microbe as small as the comma bacillus. It may, therefore, be said that the prophylaxy of cholera was known, and put in practice, for some time in all parts of India by the English, before the comma bacillus was thought of.

The great value of bacteriological work lies chiefly in the accumulation of observations which may some day be put to practical use, and which already give shape to our ideas of pathology, and in surgery have led to the establishment of methods of cleanliness which have revolutionized the results of many operations. Bacteriological work is of great scientific interest, and has in it the promise of greater usefulness than it has yet attained; but nothing is gained by misunderstanding or misrepresenting its attainments up to the present time.

SHOT-GUN QUARANTINE.

It looks very much as if the teachings of the U. S. Marine Hospital Service in regard to the prevention of the spread of epidemics had penetrated further in the lay mind than is generally supposed. The news comes from the far West that two deaths have followed a somewhat literal interpretation of some of the methods used against yellow fever in Florida a year ago. It is reported that, on July 26th, a certain Deputy Sheriff Moore, who, with some kindred philanthropists, was engaged in the laudable work of driving out from the town of Wallace, New Mexico—no doubt with guns—one Joseph Chacha, a small-pox attendant, was turned upon and killed by the thoughtless Chacha; and that thereupon the small-pox attendant was himself riddled with bullets by the angry crowd. Now, it is possible that Chacha had committed some offense besides that of caring for his fellow-men stricken with a loathsome and dangerous disease; but this does not appear in the account we have seen. Physicians have an interest in this way of dealing with contagion; for there is no telling—if it goes on—when the community may take to shooting doctors who attend yellow-fever or small-pox patients, and then half the pleasure of practicing medicine will be gone.

DAMAGES FOR BAD DRAINAGE.

The Courts are coming more and more to insist upon the maintenance by landlords of a proper sanitary condition of dwelling-houses leased by them. This is evident from the report of a trial in England, referred to in the *Medical Press and Circular*, April 24, 1889. It seems that the plaintiff in the suit agreed to take of the defendant a furnished house, for a specified time, at a fixed rental. Action was subsequently brought before the Queen's Bench Division, to recover damages, on the ground that the house was in such an unsanitary condition that the plaintiff's two children, and three other inmates of the house, were taken sick with typhoid fever. It was alleged that the well-water supplying the house was contaminated and the drainage defective, and that the fever was due to one or both of these causes. The defence was a general denial, together with the statement that the drains complained of had been laid under the sanction of the public authorities. The jury, after a few minutes' deliberation, awarded damages to the plaintiff in the sum of three hundred and forty dollars, and judgment was entered accordingly by the Court.

The bare statement of this suit and of its result carries its proper lessons with it, and further comment is scarcely necessary. What is good law in England is, or will be, good law in this country. Tenants living in houses, the drainage of which is so bad that sickness results from it, may not be able to compel the owner to make the necessary improvements, except, perhaps, through the intervention of the local Board of Health; but they can collect damages if they are able to prove to the satisfaction of a court and jury that the sickness in question has been the result of the unsanitary condition of the property.

It is worthy of special notice in the suit referred to, that the court did not accept as an excuse the asserted fact that the drains had been laid under the sanction of the public authorities. This indicates a want of confidence in the wisdom and vigilance of the authorities, which—it is sad to say—would probably find a parallel in some cities in America.

RESULTS OF PASTEUR'S TREATMENT OF HYDROPHOBIA.

The *Bulletin Médical*, July 7, 1889, reports the details of the death from hydrophobia of two persons treated by Pasteur during the month of June. These, added to their predecessors, make a total of 154 deaths of persons after receiving the "preventive inoculations" of Pasteur. Yet a number of eminent English medical men—and here and there a respected American—still countenance the absurdity.

The statistics of the Pasteur institutes would be amusing, if the matter were not so serious. It is trying to the patience of those who are not dazzled by the brilliancy of Pasteur's claims, to see how much of them rests upon an unquestioning confidence in the infallibility of veterinarians who pronounce dogs mad. If Pasteur knew—or any of his followers—as much as he should about rabies, he would know that the diagnosis is by no means easy and that veterinarians, as a class, are totally unreliable in such matters.

But what can be expected when men of position accept without question the assertions in regard to rabies and hydrophobia of a man who is known never to have studied either subject; who knows nothing of the work of other investigators; who gets credit as a humanitarian while neglecting the method he long ago said would eradicate rabies in dogs (and consequently in men) and the method which has almost eradicated hydrophobia in Germany, and practicing a clap-trap method without analogy, in theory or practice, in the whole round of medical experience, and which results in an absolute increase of deaths from hydrophobia?

This aspect of the case is, fortunately, in little danger of being overlooked in this country, where the Pasteur delusion has had but few victims. In England, where the source of contagion is near, and where the word of a Prince is applauded and followed even by medical men, there is at present some danger of the establishment of a Pasteur Institute. It is painful also to record that it is reported from Chicago that an attempt is to be made there to put the Pasteur method into operation. We trust that this will not go on, for fear that Chicago may share the fate of Paris and have a rapid multiplication of cases of so-called hydrophobia, and that the United States will no longer enjoy the immunity which goes with skepticism, but fall into the condition of every town where Pasteur's theories are believed and practiced.

A MEDICAL PRESS ASSOCIATION IN FRANCE.

The medical journals of Paris have united to form a protective association. Over thirty journals have already become members, many of which are well known on this side of the Atlantic. The *London Medical Recorder* prints the list in full, and comments on the English tendency towards centralization, as seen in the *Lancet* and *British Medical Journal*, while the French tend to specialize and split up. The *Recorder* remarks satirically upon the "hypertrophic" condition of the *Lancet* and *British Medical Journal* and bids them remember that they used to be popularly known in the profession as "the great uncut." The *Journal* was the first to cut its edges, and reluctantly the *Lancet* followed its example, only a few years ago. The *Recorder's* implication is that they might, with propriety, now be called "the great unread."

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

VERHANDLUNGEN DER BERLINER MEDICINISCHEN GESELLSCHAFT AUS DEM GESELLSCHAFTSJAHRE, 1888. Transactions of the Berlin Medical Society for the year 1888. Volume XIX. Parts I and II, pp. xxx, 242 and 288. Berlin: L. Schumacker, 1889.

This volume contains the papers read before the Berlin Medical Society during the year 1888. Some of these, such as Lewin's paper on "Haya Poison and Erythrophæin," Fränkel's report of a "Case of *Leontiasis Ossea*," Bellarminow's remarks on a "New Method of Ophthalmoscopic Examination," and Schüller's paper on "The Artificial Stimulation of the Growth of Bone," have been noticed already in the REPORTER, as they appeared in the *Berliner klinische Wochenschrift*, the official organ of the Society. Many of the contributions are on pathological subjects, and most of them are of purely scientific rather than of clinical interest.

The "Transactions" maintain the high reputation of the medical profession of Berlin; but it is to be regretted that the book has no index of subjects, for this would add much to the accessibility of its scientific treasures.

AMERICAN RESORTS; WITH NOTES UPON THEIR CLIMATE. BY BUSHROD W. JAMES, A. M., M. D., Member of the American Association for the Advancement of Science, etc. 8vo, pp. 285. Philadelphia and London: F. A. Davis, 1889. Price, $2.00.

A good book on American health-resorts, containing remarks upon the climate, the hotel accommodations, and the best means of reaching the different places, is very much needed. We regret to say that Dr. James has not written in a satisfactory way on the subject. He mentions a great many places, but so briefly that the book is more of an index than anything else. For instance, of Bedford Springs, he says: "The Bedford Springs are beautifully situated in the mountains some miles to the southwest of Carlisle, at an altitude of one thousand eight hundred feet above tide-water. Hotel accommodations are spacious and good at these springs;" while in another place the Bedford Springs are merely mentioned in a list of "sulphated" spring waters. This is too little to say of such a well-known resort; and yet many others of equal merit receive just as inadequate treatment.

The last ninety-six pages of the book are taken up with a translation of the portion of Dr. Woeikof's work on "*Die Klimate der Erde*," which relates to North and South America and the Atlantic Ocean. This part of the book contains much meteorological information of value.

The book is printed on cheap paper, is meanly bound, and altogether makes an unfavorable impression on us.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

316. THE SCIENCE OF SUCCESSFUL SURGERY. BY JOHN B. ROBERTS, M. D., Philadelphia. From the *Journal of the American Medical Association*, Feb. 16, 1889. 24 pages.

317. A CASE OF DOUBLE VASCULAR EXOPHTHALMOS; RECOVERY, ETC. BY CHARLES J. KIPP, M. D., Newark, N. J. From the *Trans. Amer. Ophthalmological Society*, 1888. 8 pages.

318. ADDRESS AT THE OPENING OF THE MEDICAL DEPARTMENT OF WOOSTER UNIVERSITY. BY ALBERT R. BAKER, M. D., Cleveland, Ohio. From the *Cleveland Medical Gazette*, March, 1889. 16 pages.

319. MEDICINE IN NEW YORK IN 1800. BY JOHN SHRADY, M. D., New York. From the *Trans. of the New York State Medical Association*, 1889. 28 pages.

320. THE RELATION OF THE ABDOMINAL SURGEON TO THE OBSTETRICIAN AND GYNECOLOGIST. BY A. VANDER VEER, M. D., Albany, N. Y. From *Gaillard's Medical Journal*, Nov. 7, 1888. 8 pages.

321. REPORT OF INVESTIGATION OF MCALLISTERVILLE SOLDIERS' ORPHAN SCHOOL. BY JOHN M. GREER, State Inspector. 49 pages. Harrisburg, Pa.: Edwin K. Meyers, State Printer, 1889. 49 pages.

322. THE QUESTION OF INTERFERING WITH THE ABSCESSES OF HIP DISEASE. BY A. B. JUDSON, M. D., New York. From the *New York Medical Journal*, March 2, 1889. 8 pages.

323. SUGGESTIONS ON THE TREATMENT AND INFLUENCE OF DIET IN THE MANAGEMENT OF RHEUMATIC DISEASES. BY MORRIS H. HENRY, M. D., New York. *Dietetic Gazette*, Jan., 1889. 7 pages.

324. NEPHRECTOMIES FOR GUNSHOT WOUND AND FOR TUBERCULOUS KIDNEY. BY DE FORREST WILLARD, M. D., Philadelphia. *Trans. Amer. Surgical Ass'n*, for 1888. 20 pages.

325. BINIODIDE OF MERCURY; ITS ANTISEPTIC USE. BY EUGENE P. BERNARDY, M. D., Philadelphia. *Trans. Philadelphia County Med. Soc.*, 1889. 14 pages.

326. AN ATTEMPT TOWARDS AN INTERNATIONAL LANGUAGE. BY DR. ESPERANTO, Warsaw, Russia, translated by Henry Phillips, Jr., Philadelphia. 56 pages. *Price, 50 cents.*

316. Dr. Roberts' pamphlet contains his Annual Address before the Philadelphia Academy of Surgery for 1889. In it he touches on a number of subjects with which he has been interested for a number of years: higher medical education and graded study, for preparation, and the best qualities of heart and mind for the practice of surgery. His address is very interesting, and its reading would be profitable to almost any medical man.

317. Dr. Kipp describes a case of exophthalmos due, in his opinion, to a spontaneous rupture of the right carotid artery in the cavernous sinus. The symptoms are well reported and the satisfactory results of treatment by intermittent compression of the carotid artery in the neck, and the admistration of potassium iodide.

To Dr. Kipp's paper is added the remarks made in discussing it by other members of the Ophthalmological Society.

318. Dr. Baker's address contains a great deal of matter of historical interest in connection with medical education in this country, and a strong plea for the adoption of a high standard and thoroughly modern methods. For the students who heard it, he has admirable advice in regard to their ethical relations, and altogether his address is admirable.

319. This is a sketch of the state of medical affairs in New York at the beginning of the century. In addition to much interesting general matter it contains a brief sketch of a number of local physicians, and the fee-bill of that day. There is in it much entertaining reading, and much which may be of great use to future medical historians.

320. Dr. Vander Veer thinks that abdominal surgery deserves to be regarded as a specialty, and that it is best exercised by a limited number of men in each locality. He advocates putting the cases requiring abdominal section as much as possible in their hands and into the special hospitals at which they operate.

321. About a year ago the newspapers got up an excitement about the Soldiers' Orphan School at McAllisterville, Pa., and described the outbreak of a curious nervous disease among the children, attributing it to the poor food and bad treatment. This report, embodying reports of Dr. W. H. Hoopes and Dr. Lucien Banks, shows how thoroughly this idea was exploded, and how plainly it appeared that the children were malingering and the newspaper reporters were being duped.

322. As the readers of our Editorial in the REPORTER of August 24, on a Conservative Treatment of Joint-Disease in Children, know, Dr. Judson is opposed to the tendency to operate too willingly upon children whose joints are affected, and favors what may be called roborant and expectant methods. This tendency is apparent in his excellent pamphlet on hip disease, which may guide and must comfort many a physician who wishes to do the best he can for these sufferers, and cannot operate upon them.

323. Dr. Henry indicates the lines upon which the diet of rheumatic persons should be selected. He does not believe in a specific for rheumatism. Moderation in mental and physical exercise, and observance of the laws of health will secure all which he believes obtainable. His paper is interestingly written and furnishes food for reflection.

324. Dr. Willard describes, in clear and attractive style, the history of two cases in which he did the operation of nephrectomy. In one a bullet had passed directly through the left kidney and the renal vessels; in the other a tumor of the kidney of undeter-

mined nature prove to be tuberculous. Both the patients died soon after being operated upon, but this was due to no fault of the operator, and the histories furnish useful suggestions in regard to surgery of the kidney, and are made the starting point of a good discussion of the subject by Dr. Willard.

325. Dr. Bernardy deserves credit for the way in which he has persisted in advocating the merits of mercuric iodide as an antiseptic agent. His present pamphlet continues an argument which he took up years ago, and furnishes new evidence of the soundness of his opinion that his favorite antiseptic is one of the best before the profession.

326. Mr. Phillips's presentation of the work of Dr. Samenhof (whose *nom-de-plume* is Esperanto) is a labor of love, which carries with it an indorsement of the greatest value. The Committee of the *American Philosophical Society*, which recently investigated the subject of Volapük, and of universal languages in general, and which did the best and soundest work of this sort which has ever been done, spoke in very complimentary terms of Dr. Samenhof's method. It has also the warm approval of Mr. Phillips, who adds to the pamphlet a vocabulary of the International Language. The whole pamphlet is exceedingly interesting, and the language is very simple and easy to learn for one who has some knowledge of Latin or the Latin languages.

LITERARY NOTES.

—The publishers of *St. Nicholas* announce that that popular children's magazine is to be enlarged, beginning with the new volume, which opens with November, 1889, and that a new and clearer type will be adopted. Four important serial stories by four well-known American authors will be given during the coming year.

—Mr. Frank R. Stockton has written a new and characteristic story called "The Merry Chanter." It will begin the November *Century* and run through four numbers. The story takes its name from a vessel which started from a Massachusetts port on a peculiar cruise. The owners, a young married couple, are on board, and the vessel is commanded and manned by four village captains of unusual experience. Mr. Dana Gibson will illustrate it. The November *Century* is also to contain a new story by Mark Twain.

NOTES AND COMMENTS.

Satyriasis Due to Varicocele.

George T. Welch, M. D., of Keyport, N. J., in the *Medical Record*, Aug. 17, 1889, describes the case of a young German, who consulted him, in August, 1888, in regard to an aggravated eruption of tinea versicolor, from which he had suffered more agonies of mind than of body, the unpardonable error of diagnosticating the disease as syphilis having been committed by his previous medical advisers. A cure speedily followed upon the use of proper remedies, and he so won the patient's confidence that he, with much embarrassment, proceeded to divulge a far more serious difficulty, and ventured to hope for relief from this also. He had had for four years an inordinate passion for the opposite sex, which had so tormented him that he had felt it incumbent upon him to keep away from the presence of women, lest he should commit some flagrant outrage, or at least betray his emotions in some unguarded moment. He had lascivious dreams, and, like Rousseau, had reveries in which the women of his acquaintance accorded him the last honor of exalted pleasures. The rustle of a silken dress would stir fancies in him too lawless for expression, and he would doubtless have given way to an erotic mania had he not had good sense at the bottom of these mischievous desires. He had reasoned with himself, and had come to the conclusion that some disease prompted the morbid symptoms, and he had attributed them to an enlargement of the left testicle, which he did not understand.

He said he had used cold douches to the genitalia, had made frequent use of Turkish baths, light diet, abstinence from liquors, avoidance of the sex and of stimulating literature and pictures, but all to no purpose, and shame had prevented him from consulting a physician in regard to the matter. So cool an analysis of his own symptoms precluded any suspicion of mental disease, and there was no reason to suspect any phase of epilepsy.

Dr. Welch at once proceeded to examine the condition of the testicle referred to, and found an enormous varicocele—the largest he had ever seen. The enlarged veins hung below the testicle, and he was informed that, under the stimulus of sexual desire, the veins became even more extended than he then saw them. Without promising relief from his satyriasis, though he encouraged the patient to hope for it, Dr. Welch advised an operation for the cure of the varicocele, at once, and, the patient consenting, he operated the following day. He separated the varicose veins from the vas deferens while the patient was standing, and the veins, therefore, were more completely distended. Warned by Mr. Jacobson's disastrous experience in a similar case, where gangrene followed upon ligating too many of the veins, he left a small number of them undisturbed. The scrotum was then transfixed behind the separated veins with a scalpel, and the veins ligated with carbolized catgut ligature in two places, an eighth of an inch apart. The ends of the ligatures were cut off, and the latter were thrust back into the scrotum, a dressing of carbolized cotton completing the operation.

A good recovery was made, and the excessive sexual desire diminished from that time on, to the intense satisfaction of the patient. He resumed the social life he had longed for, without any return of the morbid symptoms.

Lactic Acid in Laryngeal Phthisis.

A. Sakolowski (*Wiener klin. Wochen.*, 1889, Nos. 4 and 5) maintains that laryngeal tuberculosis is curable, and that methodical local treatment, in addition to general treatment, is indispensable. Out of 50 patients not treated locally, only 16 per cent. improved. On the other hand, in 50 patients in whom such treatment was employed, 80 per cent. improved. The most favorable cases are those in which fever is absent, the general condition good, and the lungs but slightly consolidated.

Amongst local applications in laryngeal phthisis, he says: "Lactic acid occupies a most prominent position. The part affected should be painted with a 25 to 75 per cent. solution, or even with pure lactic acid. Of 34 patients thus treated, 25 improved; in 18 of these, both subjective and objective symptoms became less marked; in the other seven, the power of swallowing increased, hence the general condition of the patient became better. The unpleasant burning sensation produced by lactic acid may in many cases be prevented by painting the part previously with cocaine. In addition to this medication, direct surgical treatment must also be employed, consisting either of deep incision or scraping. After the operation, the lactic acid applications should be continued."—*Medical Chronicle*, July, 1889.

Paraldehyde.

Paraldehyde is one of the hypnotics about which much was written a few years ago, but it seems to have been lost sight of in this country since the introduction of sulphonal. According to Mr. Morgan Finucane, however, the use of paraldehyde is becoming extensively known and its qualities appreciated. He states in the *Lancet*, July 6, 1889, that he has found it a perfectly safe and, if given in large enough doses, a very effective remedy. The usually known dose, he says, is practically useless, anything less than one drachm and a half producing little or no effect. The immediate observed effects are quiet and refreshing sleep, the average being seven to eight hours. On waking, patients do not feel the effects produced by other drugs, such as hyoscyamine—headache, drowsiness, and dryness of mouth, etc.; the heart beats are increased in frequency and force; and the general effect is that of a diffusible stimulant. He believes it to be of the greatest use in all forms of maniacal excitement, with extreme restlessness, and in cases of restlessness with dementia, whether paralytic or otherwise. The value of the drug is seen in cases such as general paralysis, where the use of hyoscyamine is obviously wrong, and opium and its preparations are often contraindicated by the presence of renal disease.

Southern Surgical and Gynecological Association.

The next meeting of the Southern Surgical and Gynecological Association will be held in Nashville, Tenn., November 12, 13, and 14, 1889.

The President is Dr. Hunter McGuire, of Richmond, Va.; the Secretary, Dr. W. E. B. Davis, of Birmingham, Ala.

The programme provides for a President's Annual Address, by Hunter McGuire, M. D.; a Report of Gynecological Work, with Especial Reference to Methods, by R. B. Maury, M. D., Memphis, Tenn.; and papers on Direct Herniotomy, with Cases, by W. O. Roberts, M. D., Louisville, Ky.; Open Abdominal Treatment, by B. E. Hadra, M. D., Galveston, Texas; The Abortive Treatment of Acute Pelvic Inflammation, by Virgil O. Hardon, M. D., Atlanta, Ga.; The Importance of Early Treatment of Inflammatory Affections of the Uterus, by Wm. C. Dabney, University of Virginia; The Relation of the Nerve System to Reparative Surgery, by Thos. O. Summers, M. D., Jacksonville, Fla.; Concerning the Causes of Frequent Failure of Relief of Reflex Symptoms after Trachelorraphy, by W. F. Hyer, M. D., Meridian, Miss.; Cranial Surgery, by De Saussure Ford, M. D., Augusta, Ga.; The Treatment of Ectopic Pregnancy, by W. H. Wathen, M. D., Louisville, Ky.; Laparotomy in Extra-Uterine Pregnancy, by Waldo Briggs, M. D., St. Louis, Mo.; Epithelioma of the Penis, with the Report of a Case, by D. W. Yandell, M. D., Louisville, Ky.; Laparotomy in Intestinal Obstruction, by C. Kollock, M. D., Cheraw, S. C.; An Experimental Study of Intestinal Anastomosis, by Jno. D. S. Davis, M. D., Birmingham, Ala.; Operative Interference in Ascites, by Hugh M. Taylor, M. D., Richmond, Va.; Observations Pertaining to Pregnancy and Parturition, by W. Duncan, M. D., Savannah, Ga.; Puerperal Convulsions, by Jno. Herbert Claiborne, M. D., Petersburg, Va.; Some Remarks Upon Aneurisms, Relating More Especially to their Surgical Treatment, by F. T. Merriwether, M. D., Asheville, N. C.; Coccygodynia and Its Treatment, by Hunter P. Cooper, M. D., Atlanta, Ga.; The Improved Cæsarean Section *versus* Craniotomy, by W. D. Haggard, M. D., Nashville, Tenn.; Conservative Surgery in Injuries of the Foot, by J. T. Wilson, M. D., Sherman, Texas; Gun-Shot Fractures of the Femur, by Jno. Brownrigg, M. D., Columbus, Miss.; Tropho-Neurosis as a Factor in the Phenomena of Syphilis, by G. Frank Lydston, Chicago, Ill.; Trophic Changes Following Nerve Injury in Fractures, with a Report of Two Cases, by Wm. Perrin Nicholson, M. D., Atlanta, Ga.; Treatment of Malignant Diseases of the Rectum, by W. T. Briggs, M. D., Nashville, Tenn.; The Achievements of Modern Surgery, by J. Ewing Mears, M. D., Philadelphia; The Treatment of the Pedicle in Supra-Pubic Hysterectomy, by Wm. M. Polk, M. D., New York; and one on some subject pertaining to Abdominal Surgery, by Joseph Price, M. D., Philadelphia.

American Association of Obstetricians and Gynecologists.

The meeting of the American Association of Obstetricians and Gynecologists for 1889 will be held at the Burnet House, Cincinnati, Ohio, September 17, 18, and 19, 1889.

The programme provides for an Address of Welcome and Response, and papers as follows: Congenital Sinus of the Urachus: Abdominal Incision, Recovery, with Remarks, by Dr. A. Vander Veer, Albany, N. Y.; A Case of Extra-Uterine Pregnancy, Operation and Recovery, by Dr. L. S. McMurtry, Danville, Ky.; Treatment of Rupture of the Uterus, with Report of Two Cases, by Dr. C. A. L. Reed, Cincinnati, Ohio; Intra-Uterine Cord Amputations of the Fetal Extremities, by Dr. Joseph Price, Philadelphia; The Forceps as a means of Rotating the Head in Labor, by Dr. Edward J. Ill, Newark, N. J.; The Rectification of Face Presentations, by Dr. R. L. Banta, Buffalo, N. Y.; Umbilical Hemorrhage; its Treatment, by Dr. Llewellyn Eliot, Washington, D. C.; The Management of the Perineum during Labor, by Dr. A. P. Clarke, Cambridge, Mass.; Flap-Splitting in Perineorrhaphy, with Special Reference to Tait's Operation, by Dr. X. O. Werder, Pittsburgh, Pa.; A Report of 80 cases operated upon for the Cure of Dysmenorrhœa and Sterility by rapid Dilatation of the Uterus under an Anæsthetic, by Dr. Franklin Townsend, Albany, N. Y.; Some Notes on the Action of the Galvanic Current in the Treatment of Uterine Disease, by Dr. Thomas Opie, Baltimore, Md.; Peri-Uterine Inflammation: its Pathology and Treatment, by Dr. L. S. McMurtry, Danville, Ky.; New Observations respecting the Functions of the Round Ligaments of the Uterus, by Dr. J. H. Kellogg, Battle Creek, Mich.; The President's Annual Address, by Dr. W. H. Taylor, Cincinnati, Ohio; Vaginal Hysterectomy, by Dr. E. E. Montgomery, Philadelphia; Supra-Vaginal Hysterectomy; Extra-Peritoneal Dry Treatment of the Pedicle, by Dr. Joseph Price, Philadelphia; Successful Removal of a Fibrous Tumor of the Right Ovary during Pregnancy, by Dr. J. H. Carstens, Detroit, Mich.; A Case of Metremphysema, by Dr. T. E. McArdle, Washington, D. C.; A Remarkable Case of Nymphomania, by Dr. W. S. Stewart, Philadelphia; Animal Suture; its Place in Surgery, by Dr. H. O. Marcy, Boston, Mass.; Sutures and Ligatures; what Material shall we use? by Dr. C. Cushing, San Francisco; A Few Considerations on Peritoneal Effusions after Intra-Peritoneal Operations, by Dr. W. H. Myers, Fort Wayne, Ind.; The History of a Case of Ovariotomy, by Dr. W. P. Manton, Detroit, Mich.; Reasons for Drainage in Ovariotomy, by Dr. Hampton E. Hill, Saco, Me.

On the afternoon of the third day there will be a discussion of the question: Is Crainotomy Justifiable on Living Children? opened by Dr. Thomas Opie and Dr. G. A. Moses; and on the Alternatives of Crainotomy—Abortion, by Dr. W. W. Potter; Premature Labor, by Dr. W. H. Taylor and Dr. Joseph Hoffman; Forceps and Version, by Dr. James P. Boyd; Cæsarean Section, by Dr. E. E. Montgomery and Dr. A. Vander Veer; Laparo-Elytrotomy, by Dr. C. A. L. Reed; The Porro Operation, by Dr. Joseph Price, with a résumé of the whole subject, by Dr. W. H. Wathen.

The officers for 1889, are President, Dr. William H. Taylor, Cincinnati; Vice-Presidents, Dr. E. E. Montgomery, Philadelphia, and Dr. J. Henry Carstens, Detroit; Secretary, Dr. William Warner Potter, Buffalo; Treasurer, Dr. X. O. Werder, Pittsburgh.

Typhoid Fever in Montreal.

About this time of year cases of typhoid fever usually multiply; and reports of this are coming from all parts of the civilized world. Under date of Sept. 4, it was reported that typhoid fever is epidemic in the most thickly populated district of Montreal. Numbers of people were dying daily, while hundreds were stricken with the disease.

One of the most remarkable features of the outbreak and spread of the disease is the assertion that one of the physicians of the district is accused of being responsible for the outbreak. It is alleged that being called in to attend a typhoid patient, the daughter of a woman who supplies the greater part of Point St. Charles with milk, he accepted a bribe from the milk woman to conceal the nature of her daughter's malady so that she would not lose custom, and it was through the milk thus vended the disease so rapidly spread.

In reply to this charge the physician says that he is satisfied the daughter was not suffering from typhoid fever. In any case, he says, he had no power to stop the sale of the milk.

NEWS.

—A movement is on foot to organize a Tri-State Medical Association of the profession of Alabama, Georgia, and Tennessee.

—Dr. F. G. Pagenheimer has resigned his position as Resident Physician at the Jewish Hospital, Philadelphia, and has been succeeded by Dr. W. B. Teller.

—M. Pasteur, it is announced, has been made a Doctor of Laws by the University of Edinburgh, in view of the importance of his researches on the subject of hydrophobia.

—Dr. Joseph K. Young was elected Assistant Demonstrator of Surgery and Instructor in Orthopedic Surgery for the Medical Department of the University of Pennsylvania, Sept. 10, 1889.

—A man died in Cincinnati, Sept. 4, while under the influence of chloroform administered for amputation of a thumb. He had taken only about a teaspoonful of chloroform. The patient was a young man.

—A man thirty-eight years old dropped dead at Council Bluffs, Iowa, Sept. 3, 1889. A post-mortem examination disclosed an abnormal arrangement of the thoracic organs. The heart was on the right side.

—The will of William Thaw, a millionaire of Pittsburgh, Pa., conveys $100,000 to the University, Pennsylvania, while the Pittsburgh hospitals get an aggregate of $100,000, both Protestant and Catholic institutions being remembered.

—It is expected that the presentation of the free bed in the Hospital of the Philadelphia Polyclinic, as a testimonial to Dr. R. J. Levis, will take place about the last of October on the occasion of the laying of the corner-stone of the new Polyclinic Hospital.

—At Bologna an Instituto Anti-rabbico, or institution for the treatment of rabies on the Pasteur method, was opened June 30. The King, the Prime Minister, and the various civic and scientific bodies, as well as the townsfolk of Bologna, contributed the requisite funds.

—The Maine Asylum, at Augusta, has been passing through a troublesome experience with diphtheria, from which there have been sixty-eight cases and fourteen deaths. The trustees have ordered a thorough investigation and sanitation of the infected premises.

—A little girl of Avondale, Pa., died Sept. 9 of hydrophobia, after suffering indescribably for several hours. It was also reported that another child in the same family was in convulsions from the same disease. These children were bitten by a dog in the family in July last.

—Mme. Dejerine Klumpke, an American wife of a Frenchman, has gained the degree of "Doctoresse" from the Paris Faculty of Medicine, with high honor. The subject of her thesis was: "A Contribution to the Study of Polyneuritis in General, and of Lead Paralysis and Atrophy in Particular."

—A physician sixty years of age killed himself not long ago, in Paris, because he was unable to make enough from his practice to pay his rent. According to the *Medical Record*, a very similar case occurred in New York not long ago, when an aged physician shot himself after vainly seeking death by poison.

—The Government of Chili has created a "Superior Council of Public Hygiene," consisting of seven members, whose duty it shall be to advise the Government in everything that relates to the public health throughout the Republic. The Council has a laboratory for chemical analysis under its control.

—Dr. Sigmund Lustgarten, formerly of Vienna, has removed to America and intends to reside in New York. Dr. Lustgarten was for some time a Privatdocent in Vienna, and in that way is known to many Americans. He is widely known as the discoverer of the bacillus of syphilis which is called by his name.

—According to recent official statistics in Austria, there are only 118 homœopathists out of the whole number of medical men, 7,183, and 44 of these profess to practice homœopathy exclusively. There are none at all in the Italian districts, and only 19 in Vienna. The number also is said to be steadily decreasing.

—The first international congress of deaf-mutes was held in Paris on July 10 to 17, 1889. The subjects discussed were the relations of the deaf-mute to society, to labor, and to the laws of his country. There was also an historical sketch of the benefactors of the deaf-mutes from the time of the Abbé de l'Epée to the present.

—A despatch from South Bend, Ind., says that a well-known citizen was poisoned, Sept 3, by morphine given him by a druggist for quinine, and will probably die. The victim was seventy-two years of age, and took the drug on retiring. All efforts to bring him out of the stupor produced by the drug had proved unavailing when the despatch was sent.

—The Tenth International Medical Congress will be held in Berlin Aug. 4–9, 1890. Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on September 17, 1889. The preliminary announcement is signed by von Bergmann, Virchow, and Waldeyer.

—Dr. Henry Noah Martin, a prominent homœopathic physician of Philadelphia, died at the Hahnemann Hospital in this city, August 31, 1889. He entered the hospital in July, suffering with softening of the brain, and he died paralyzed. He was born in Albion, N. Y., in 1829, and was graduated at the homœopathic medical college in Philadelphia in 1865.

—The Collective Investigation Committee of the British Medical Association states in their report this year that the returns upon the subjects proposed for study have been so few that they think it best to discontinue the work entirely, and ask that the Committee be allowed to lapse at the end of its current year, in October. This marks the end of an interesting and promising experiment in medical study.

—Dr. Thomas S. Reed, a retired physician of Philadelphia, died suddenly at Cape May, Sept. 11. He was graduated from Jefferson Medical College in 1846. His preceptor was Dr. Thomas J. Yarrow, of Allowaystown, N. J., the father of Dr. Thomas J. Yarrow, of this city, who in turn studied under the direction of Dr. Reed. He was a Fellow of the College of Physicians of Philadelphia.

—Dr. Ernest Laplace has been appointed Professor of Pathology in the Medico-Chirurgical College, Philadelphia. Professor Laplace is a native of New Orleans and a graduate of the Literary Department of the Georgetown University, D. C. After several years' study in Tulane University and the Charity Hospital he went abroad and graduated in the "Faculté de Medicine de Paris," where he studied under Pasteur and Cornil.

—Dr. Ferdinand Hueppe, the author of the well-known "Methods of Bacterial Study," and who has for several years directed the bacterial department of Wesenius' celebrated laboratory in Wiesbaden, has been elected professor of hygiene in the University of Prague. The addition of Professor Hueppe to the teaching force of the University of Prague is an important feature in the growing attractiveness of Prague to American medical students.

—Dr. Charles Pinckney died at his home in Atlanta August 13, 1889. In his death the profession of that city lost a valuable member. He descended from an illustrious family and to the inherited traits inseparable from such an ancestry were added the fruits of high intellectual training and fine culture. He was genial in disposition, faithful in friendship, refined and artistic in his tastes, and by his many admirable qualities of mind and heart secured the close friendship of those who knew him best. His professional attainments were of a high order.

—Eugene D. Mann, editor and proprietor of *Town Topics*, was arrested Sept. 11, and locked up in the Tombs prison in default of $5,000 bail. The arrest was made on an indictment found by the grand jury for alleged criminal libel, Dr. Allen McLane Hamilton, of New York, being the complainant. The alleged offense was committed September 5. In discussing the developments in Robert Ray Hamilton's case *Town Topics* devoted considerable space to the Hamilton family, and stated that the father of Dr. Hamilton had been guilty of gross immorality.

OBITUARY.

ADDINELL HEWSON, M. D.

Addinell Hewson, M. D., a distinguished physician and author, died at his residence, in Philadelphia, Sept. 11, in his 66th year. He came of a celebrated family of physicians, his father being Thomas T. Hewson, and his grandfather, William Hewson, F. R. S., a leading surgeon of London, an associate of Dr. William Hunter.

Dr. Addinell Hewson was born in Philadelphia November 22, 1828, received his preliminary education in the Academic and Art Departments of the University of Pennsylvania, entered Jefferson College and was graduated in 1850. After his graduation he went abroad and pursued his medical studies in Paris and Dublin. During his residence in the latter city he was a pupil of Sir William Wilde, and served as an interne at the Dublin Lying-in Hospital.

In 1852 he was made visiting surgeon to the Episcopal Hospital, and held that position during 1853. He was afterwards made visiting surgeon to the Wills Eye Hospital, and in 1861 he became visiting surgeon to the Pennsylvania Hospital.

Dr. Hewson was well known both as an author and an editor. In the latter capacity, he, in 1863, edited Wilde's "Aural Surgery" at the request of the author. He was also editor of the American edition of Mackenzie's "Diseases of the Eye." Among his own works was "The Use of Earth in Surgery," that attracted much attention, as well as a paper on "The Influence of the Weather Over the Results of Surgical Operations."

He was a member of the State and County Medical Societies, of the College of Physicians, the Pathological Society. the St. George's Society, and the Academy of Natural Sciences.

JOHN FORMAN GRANDIN, M. D.

Dr. John F. Grandin, of Hamden, Hunterdon county, N. J., died suddenly of heart failure at his residence on August 26, 1889. Dr. Grandin belonged to one of the oldest families in this section of the State. He was descended from Daniel and Mary Grandin, who immigrated from France in the early part of the last century and settled in New Jersey. Four generations of the family have occupied the same locality for about one hundred and forty years.

Dr. Grandin was born January 6, 1827. He was graduated at Union College in 1849, and in the Medical Department of the University of Pennsylvania in 1852. He followed the practice of his chosen profession for thirty-seven years. He was successful and popular as a physician, and before the failure of his health, some three or four years ago, he had a large practice. His services among the sick will be gratefully remembered, and his death regretted by many friends.

Dr. John F. Grandin, the grandfather of the deceased, was a practising physician, and occupied the same locality, at Camden, from 1783 till his death in 1811. R.

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CLINICAL LECTURE.

REMOVAL OF AN OVARIAN TUMOR.

BY WM. GOODELL, M. D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

While the gentlemen of the class are assembling, I shall make some remarks on the case before you. This girl is only sixteen years of age and with a large cyst, which I think will weigh very nearly sixty pounds. Her health was good until one year ago, according to her statement; while her physician thinks it was two years ago that she received the following accident. She and another girl were walking, when she suddenly tripped and fell on her back, pulling her companion down upon her abdomen. She was menstruating at the time. Great pain followed the fall, and the next day she "began to swell." Since that time she has had but one menstrual period. She has lost much flesh and is now merely skin and bone.

We ask ourselves the question: What is this tumor? It is clearly a cyst. Upon making an examination per vaginam, I find that the uterus is small and not connected with the tumor. Hence I am disposed to say that it is an ovarian growth. But, if it is true that it has come in only one year, it is probably malignant.

In these large tumors I prefer the use of chloroform to that of ether, because the former does not tend like ether to congest the kidneys, nor to suppress the secretion of urine. From this very cause I have lost patients after laparotomy. My last thirty-four cases of oöphorectomy have been mostly under chloroform, and they have all been successful. Then again, chloroform does not tend to cause œdema of the lungs, which in the aged is liable to result from ether narcosis. In large tumors, such as this one, the diaphragm cannot play while the patient lies on her back, and we are often compelled to give the anæsthetic and to begin the operation and empty the cyst, while the patient lies on her side. Now, after thoroughly cleansing the abdominal walls with a 1 : 1000 bichloride of mercury solution, I begin my incision about four inches above the pubes, making it first down to the præperitoneal fat and then down to the tumor. I examine carefully for adhesions, and find that I have mistaken the adherent parietal peritoneum for a wall of the tumor. Fortunately I discovered my mistake before stripping it off from the abdominal wall; but let this serve to impress upon you how very careful we have to be; for many a patient has died from this mistake. Before going any farther now, all bleeding has to be stopped.

In opening cysts, the rule is to tap them high up; because the trocar will travel down as the fluid is removed, and, otherwise, the collapsed cyst may slip off from it. The fluid now ceases to flow; not because the whole cyst has been emptied, but because the cyst is multilocular and only one compartment has been emptied. There is another cyst and a solid body into which we have got to cut. I leave these for a moment, while I examine higher up. I find that there are adhesions everywhere, though they are not very strong. The incision is now extended higher up in the median line, nearly to the navel. The catch forceps are more difficult than usual to apply on account of the œdematous condition of the skin and underlying fascia. The adhesions are now broken up and the other cyst incised. It is smaller than the first one, but the fluid is thick, dark-colored and probably irritating, so that every precaution has to be used to prevent its getting into the abdominal cavity which I now enter after washing my hands. The cyst is now nearly detached from the abdominal parietes. The omentum is also attached to the surface. To expedite matters, the omentum is also caught up in a pair of forceps and cut away from the cyst. Within the cyst is a solid tumor which cannot be reduced in size and, as the pedicle is quite short and broad, it is clamped and cut off, so that more room can be gained by its removal. Cleansing first the outside of the abdomen and packing the inside with sponges, I avoid the introduction of any septic matter which might set up septicemia. On the broad, slender pedicle I introduce a sort of cobbler's stitch. That is to say, I transfix the pedicle three times before tying the ligature, with the Staffordshire knot. As the pedicle is so short and broad, I will be on the safe side and put on another ligature, to prevent any possible hemorrhage. Any redundant part of the pedicle is now removed, lest it might slough. The omentum, which is held by the forceps, is now tied *en masse* and dropped. The removal of the omentum is a small affair. It is not a vital organ, and pieces as large as one's hand have been removed. As such a procedure is not necessary now, it is simply dropped back into the cavity. As our patient is young, I wish to save the other ovary, if it exhibits no symptoms of disease. It looks healthy and, as she has, at least once, menstruated from it, I shall leave it. Sponges are now put in: one in front of the bladder, another behind the womb and a large, flat sponge on both flanks and one on the middle over the intestines. Now having protected the abdominal cavity, all vessels that need ligating are sought for. We search first on the wall. There is very little bleeding anywhere here; but, if there were, the sponges would show it. Let me count the instruments while the sponges are in.

I now pass the sutures from within outwards, because it is easier and safer. In them the peritoneum and rectus muscle are included. The tumor does not look like a malignant one, yet, in apparently innocent cases, I have seen growths afterwards develop on the pedicle, and metastatic cancers riddle the liver. This is a case for drainage; because such a large raw surface as the broad pedicle and the denuded abdominal walls will secrete a fluid very favorable for the development of septic germs. Four stitches to the inch are put in; because there is then less danger of hernia than with a smaller number, and, for this same reason, a good deal of the tissues are included in the stitches.

The largest tumor I ever removed weighed one hundred and twelve pounds. The patient recovered, but with a troublesome redundancy of abdominal skin. I have removed several tumors weighing eighty and ninety pounds, one of which was on last Thanksgiving Day. But the largest excision I ever made was in a successful case of hysterectomy, in which a fibroid, weighing forty-four pounds, was removed. The operation to-day was not difficult; because the adhesions were easily broken down. Dr. Adler has now returned and, having weighed the tumor, tells me it tipped the beam at fifty-five pounds; but we must have lost several pounds of fluid on the floor, so that it comes very near the sixty pounds that I predicted it would weigh. We now flush out the cavity of the abdomen with several pitchers of water, although I do not think anything got in it from the tumor. The bladder was not emptied before the operation; because the presence of the urine serves to show where the bladder is and saves it from injury. I now paddle about and wash the intestines in the water. Such a procedure we would not have dared make some years ago; but we now know that it is not the exposure and handling of the intestines that does the mischief, but rather septic filth developed later on. After the laundrying of the peritoneal cavity, the sponges are removed and counted and a drainage-tube put in. The stitches are brought out close to the margin of the wound, so as to prevent any doubling in of its edges. The wound being closed, it is dressed antiseptically with iodoform and iodoform gauze. The bowels may be opened on the fourth day; because the large pedicle may get fastened by adhesive inflammation to an intestine and cause fatal obstruction from kinking it. The drainage-tube will be pumped out every two hours for the first day, less frequently on the second day, and will be removed as soon as the fluid taken from it is straw-colored. The patient will have no nourishment for twenty-four hours and not any opium will be administered. Then small doses of milk or beef tea will be cautiously given. On the eighth day the stitches will be removed.

NOTE.—It is pleasant for us to state that this patient convalesced promptly and returned home at the end of four weeks.

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—GLYCERIN MOUNTS THAT WILL KEEP.—Glycerin is a very desirable mounting medium for many purposes, and has but one drawback, and that is its tendency to creep out of the cell. When mounting such substances as will admit of such a procedure, this difficulty may be overcome by using less glycerin than is required to fill the cell. This should be placed in the centre of the cell, so that a circle of air will surround it in the finished mount. A coating of cement can be run on the cover glass over the circle of air, so that it does not show, but gives the mount the appearance of one with the cell full of glycerin.

COMMUNICATIONS.

MEDICO-LEGAL QUESTIONS RELATING TO INEBRIETY.

BY T. D. CROTHERS, M. D.,
SUPERINTENDENT WALNUT LODGE, HARTFORD, CONN.

A man, named Smith, killed his wife one June morning, and, after sauntering round the house for an hour or more, walked over to a saloon, drank several glasses of spirits and then went over to the police station and gave himself up, saying he had killed his wife. He was quiet in jail until next day, when he became delirious, and continued in a confused state of mind for several days. The jail physician said this delirium resembled the "tremors," but was not this, and in his opinion it was simulating insanity. The man's conduct in the jail for the next six months, until the trial came on, was without note, except for great depression and melancholy. He seemed rational when talked to, but was profoundly reticent. His defense was alcoholic insanity. This I assumed to be true for the following reasons:

1. He inherited a distinct alcoholic diathesis. His parents on both sides and his brothers were inebriates. He had an impulsive unstable brain power from youth up, and was strange, eccentric and unreliable.

2. He begun to drink in childhood. After puberty he drank continuously until he was twenty-five years old. He then had long free intervals, during which he displayed great energy and force in business. He would then begin to drink and became more and more stupid and dazed, and, although he seemed to be engaged in business, was called very uncertain and violently unreasonable in his acts and judgment.

3. He was a contractor, and had accumulated some property. He had married, and lived happily with his wife until recently. Of late years he had, when intoxicated, manifested suspicion, and believed that she hated him and wanted to have him die. He had spoken violently to her on many occasions and had threatened that he would kill her if she did not stop going to church. When sober he deplored what he had said, and urged her not to pay any attention to him, as he was not right in his mind.

4. The year before the murder, he had been very violent at times in his language to those who were his best friends, and after-

wards, when told of what he had done, made many apologies, and manifested sorrow. At these times he did not seem unconscious of his surroundings or acts, and even seemed to realize his words and their import, but was fully recognized as intoxicated.

5. One week before the murder he showed great excitement at an imaginary neglect of one of his workmen, and declared that he would get a gun and shoot him. The night before the murder his wife, supposing him to have gone for the night, attended church and returned and retired to bed before he came home. He came in after midnight and went to bed. The next morning he awoke early and went to the barn, apparently sober. Here he learned that his wife had been to church on the night before, and seems to have gone back deliberately and shot her without any excitement or noise, she being asleep at the time. An hour or so later he gave himself up, saying little, except that he had shot her, and giving no reason for the act or particulars in regard to it.

6. The delirium after the commission of the crime and melancholy up to the time of trial were confirmatory of his disturbed condition.

7. From the facts of heredity, his early steady use of alcohol, and the later development of the disease, the crime and his conduct both before and after, together with other facts, I testified that he was unsound and irresponsible.

The crime was clearly due to the alcoholic state, and the attorney for the prosecution urged with great vehemence "that intoxication was never in any case an excuse for crime." He read and commented upon the old English law decision as if it was a fixed fact in science, "that no man can claim exemption from the law, or the duty which he owes his fellow-man, by saying that he was without reason and control of himself, when he did this act, by reason of drink, and that all men who use alcohol voluntarily make themselves insane, and do so fully aware of the consequences of it."

This high-sounding theory was reiterated, and impressed on the minds of the jury, and the medical experts for the people evidently accepted it as a truth. They all testified that the prisoner was not insane and could not have been at the time of the crime. His condition was one of moral depravity, in which he must have known the nature and character of his acts. They acknowledged that possibly the excessive use of spirits might bring on disease, but this could not be mistaken. They expressed doubts as to the heredity of inebriety, and affirmed that continuous or periodic drinking did not of necessity impair the mind or lessen the degree of responsibility. It was urged that the motive for killing, viz., to keep his wife away from church, showed depravity and not disease. The judge charged the jury that no insanity or irresponsibility could exist unless the mind showed continuous delirium or delusions, and that in no case could this be an excuse, if it came from the use of alcohol.

The prisoner was convicted, and the press applauded the result, and praised the medical men who had the courage to testify to the real facts. The prisoner died of consumption a few weeks before the execution; and thus ended a not uncommon case.

It would be wrong to blame the medical men; for they are without knowledge of these cases. They are suddenly called to determine facts and their meaning, and to give advice along this new line of inquiry, with no precedent to follow, and opposed by public opinion and deep-rooted prejudices. As a result, they are often plunged into confusion of theory and statement. The acceptance of a theory that inebriety is always voluntary presupposes a degree of psychological knowledge that has not yet been attained. The increasing number of cases that are coming into court in which the degree of mental soundness of the person turns on the use of spirits cannot be ignored by the profession, or be answered by vague theories or dogmatic assertions. Every year these questions come to us for solution with greater urgency and importunity. The rapid advances of accurate knowledge of the brain and its diseases demand that the theories of to-day should be questioned and adjusted to the newer, larger views of mental action. Already there are three distinct views or theories prominent in the solution of these cases.

1. The ethical and moral view, which seeks an explanation of inebriety from the teaching of Scripture and the opinions of theologians and metaphysicians. This view asserts that inebriety is only a phase of moral depravity innate in every life, and one that is susceptible of great growth and development, by willful neglect, and gratification of all the animal instincts. With this view

the remedy is severe punishment, increased responsibility, prayer, conversion, and the application of moral suasion. A man holding these views on the witness stand believes the inebriate, in all cases, fully conscious, and doubly responsible for all his acts.

The second is the legal view, which is practically an outcome or result of the moral theory. It assumes that inebriety is a phase of savagery or the inborn tendency to lawlessness, and giving up of all control and restraint, or the indulgence of the lower passions regardless of society, law, and order. The legal remedy is severe punishment, increased penalties, and suffering. The theory is to develop the higher nature of man by causing pain and suffering in the lower nature. In this way to rouse up the brain and will power to regain control of the animal part. Three hundred years ago Lord Coke of England, held that inebriety always aggravated the offense, and the punishment should rather be increased. This has been the corner-stone of the legal view of inebriety up to very recent times.

The third theory is the scientific and medical view. This affirms inebriety to be a physical condition, the tendency of which is often inherited and also acquired; that this physical condition is always a disease: a modified or pronounced form of insanity. In other cases it is a positive symptom of insanity, and also that insanity is often a symptom of inebriety. It is a form of brain degeneration that like other diseases has distinct causes, development, progress, and decline. It is also urged that the continuous use of alcohol always causes disturbances of brain circulation, and is followed by brain congestion, brain paralysis, and impaired senses. The result of this is incapacity to realize the nature and character of acts; the judgment is defective, and the control is lessened and is not normal. Medico-legally this theory regards the inebriate as diseased and incapitated to act sanely, to be treated as a sick man and placed under medical and legal care and control until recovery or for life.

The two first theories assume perfect sanity in all cases of inebriety, and assert that the remedy is to be more severe punishment, and accountability to law and society. The third theory recognizes a physical condition, and demands a scientific study of each case before the remedy or treatment can be determined.

Another theory has been advanced that in some cases inebriety was a vice at first, then, later, a disease; that in some cases punishment is the remedy, and in others medical care and treatment. Practically and medico-legally this view assumes a degree of psychological knowledge and power of discernment, as to where vice and disease join, that it is absurd and impossible from any present knowledge. Such a theory defended on the witness stand is a sad reflection on the intelligence of the witness.

Such are some of the theories and standpoints from which the subject of inebriety is approached medico-legally. The urgency and pressing character of these cases bring these different views into greater prominence daily. While the confusion and doubt of the exact nature of inebriety is evident to every new advance of thought, it is obvious that it is due in a large part to the failure of physicians to study these cases independently. The dictum of judges, the teachings of theologians, newspaper views, and public opinion, are too often the sources from which medical men derive their views. This was very apparent in a contested will case at Trenton, N. J., where five medical men testified to the mental capacity of a chronic inebriate who willed his property to a mistress. The judge declared he would act on his own judgment, and decide the man unsound and incapable. In a case at Worcester, Mass., a man set fire to a church without apparent motive. Three physicians swore to his sanity, although he had delirium tremens repeatedly, and was a chronic inebriate. The jury decided otherwise.

Questions involving the capacity or incapacity of inebriates can never be determined by any metaphysical theory of mind or morals. It is an error for medical men to regard inebriety, except from a physical point of view. It is a question of facts and their meaning. Facts of hereditary, of growth, of culture and training; facts of diseases, of injuries, of degenerations both local and general, of surroundings, of mentality, and of the entire history of the case, both physiological, psychological, and pathological. From these facts only can any clear conception of inebriety be obtained.

The general problems which are presented in these medico-legal cases are, first: Was the person an inebriate, or one who drank spirits to excess at all times or at intervals? If this fact is established beyond question, his sanity and mental capacity may he most reasonably and naturally doubted. Second: What were the mental condition and circumstances of the person at the time of the commission of the act in question? Was he sane? Was the act reasonable and just in its effects and consequences? If not, the first suspicion is strengthened, and the insanity of the person must be assumed, and the legal theory must be reversed; the sanity must be proven, not the insanity. Third: The medical man has only to gather the facts, and have reasonable assurance of their accuracy. From this he can point out the most probable conclusions which are sustained by such facts. The question is one of preponderance of evidence, which, if it points to defective consciousness of act and conduct and inability of control, is far more likely to indicate impaired mind or insanity than any other condition. The limits of scientific study will not sustain any theories of the exact degree of health and disease, and will not support assumptions of boundary lines of responsibility and irresponsibility.

NEW PHASES OF LEAD AND MERCURY POISONING.[1]

BY CHARLES F. J. LEHLBACH, M. D.,

NEWARK, N. J.

Within the last few years the not unfrequent occurrence, in my experience, of cases of evident lead-poisoning, of the colicky form, of greater or less severity, but sufficiently well marked to leave no doubt as to the diagnosis—the blue line being present in all cases—has called my attention to the fact that we must search for new causes of the increasing danger. Beyond a reasonable doubt, I think, in a number of cases which I have seen, the introduction of the metal into the system has been by means of what is called "Soda-Water." I will illustrate by a few typical cases.

Case I. A man, middle-aged, of ordinary health, inclined to obesity, a saloon-keeper, was seen in consultation with Dr. N. Gastric symptoms, indicating catarrh of the stomach, had been followed by excessive colicky, paroxysmal pains, with obstinate constipation, and had caused anxiety of the attending physician as to the possibility of the occurrence of perityphlitis. The absence, however, of rise of temperature, and the presence of marked discoloration of the gums led to the suspicion of lead-poisoning. The success of the treatment adopted with this view verified the suspicion. This patient had been in the habit, for weeks or months, during the hot season, of drinking large quantities of soda-water and other so-called soft or Sunday drinks, from the ordinary pint or half-pint patent-stopper bottles.

Case II. A case seen in consultation with another medical gentleman was that of a woman, who, having been invalided for a long time from some cause that I do not particularly remember, was seized with symptoms of severe intestinal neuralgia, occurring in paroxysms, occasionally intensified to a degree of moderate colic, which could not be attributed to direct or reflex connection with her other ailments. The gums presented the bluish discoloration of lead. Under the anti-lead treatment the patient recovered.

This patient had been in the habit of drinking copiously of soda-water obtained from a mineral-water factory in her neighborhood.

Case III. Another case, seen in consultation with Dr. ——, was that of a beer-wagon driver. He had been seized for several days with violent colic, at first attributed to some error in diet, but its continuance, with the absence of gastric or intestinal catarrh, and of increase of temperature, the tonic contraction of the abdominal muscles, the relief by continued broad-surface pressure upon the abdomen, and the bluish line along the margin of the teeth pointed to the true cause. He was soon relieved by appropriate treatment.

He had been drinking inordinate quantities of soda-water, from one to two dozens of bottles daily, for weeks, during the hot season, to the exclusion of other beverages.

Case IV. A patient applied to me for admission to the German Hospital. He had been suffering for some time from mild attacks of colic, which on this occasion had become so severe that ordinary domestic treatment gave no relief. Close examination showed the absence of any other cause but that of lead, and, as in the former cases, the blue margin along the gums confirmed the suspicion.

He was a worker in a soda-water factory and frequently, if not mainly, engaged in cleaning bottles, for which lead shot was freely used. He was discharged well, after a short stay in the Hospital under specific anti-lead treatment.

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[1] Read before the Practitioners' Club, of Newark, N. J.

Case V. A young man was admitted to the Hospital during my service, suffering presumably, as we were informed, from some occult painful disease of the liver. Close examination did not confirm the diagnosis, but everything pointed to lead-poisoning, the marginal dental line included. His occupation was that of a man-of-all-work in a restaurant and saloon. He denied all possibility of having had anything to do with lead, and only on the third day after admission, on the strictest cross-examination he was made to remember that a short time before the first attack he had for nearly a week been almost continuously employed in cleaning wine-bottles (over a thousand) with lead shot, his hands almost continuously in the refuse water, which he would not dry when eating crackers or sandwiches at intervals between work. The ordinary treatment as in the other cases proved successful.

My impression in regard to the first three cases, where the free use of soda-water evidently formed the element of suspicion, was that the poisoning might be attributable, perhaps, to the patent stoppers, probably containing lead which had become exposed after use by the working off of the protecting rubber. This theory was abandoned, however, as the possibility of the absorption of a sufficient quantity of lead in this manner seems impossible.

The subsequent case of lead-poisoning occurring in a man employed in a soda-water factory in washing and cleaning bottles, during which process lead shot, as I subsequently learned, is in free and general use, explained the matter satisfactorily. If the scope of this paper allowed, statistics in regard to the immense increase in the consumption of soda-water and allied beverages sold in small bottles, would be interesting. During the hot and picnic season these factories are working under high pressure, hardly able to supply the demand on urgent occasions, and we can easily imagine, how, if not habitually, at least occasionally, the complete rinsing of the bottles after the lead-shot cleaning process may be lost sight of in the hurry of business or by the oversight of a careless workman. At any rate, the matter seems to me of sufficient importance to direct the attention of our Boards of Health to the subject, for the purpose of further and authoritative investigation and the voluntary or compulsory abandonment of the use of lead shot for soda-water bottle cleaning. In the beer bottling business I am told the cleaning of the bottles is done with machinery, the use of shot being discarded.

Mercurial intoxication is another form of metallic poisoning, which, in the course of new modes of fabrication and of new inventions or their application, has given rise to new classes of patients. Some of you may remember how the "hatter's disease" was first duly recognized, described and in a great measure alleviated by the medical profession of Essex County. The hatter's disease was due to the employment of quicksilver preparations in the sizing of hat-material, particularly during the process of carrotting in hot rooms, the workingmen becoming exposed to the evaporation of the metal. The transactions of the State Medical Society contain full records of this form of poisoning. During the first years after the opening of the German Hospital in this city, nearly twenty years ago, we had not unfrequently cases of the hatter's disease. They were characterized by moderate salivation, stomatitis, general cachexia and mercurial tremors, and were generally relieved by tonic and eliminative treatment.

Within the last two years a similar form of mercurial poisoning has come under my notice in a few isolated cases. From the nature of the circumstances surrounding them it is not probable that many cases have come under the observation of general practitioners. They have followed in the wake of the progress of electric illumination and are limited to the persons employed in the manufacturing of the glass bulbs of the incandescent arc light. Many experiments have been made, so I am told, to reach a process by which the necessary vacuum in these bulbs can be obtained and thus to dispense with the costly and complicated process now in vogue. But no one process has been successful, and all the complicated apparatus used for the purpose are essentially based upon the system of *Sprengel's* air pump, in which metallic quicksilver forms the means of exhaust. In the factory at East Newark these bulbs are turned out daily by the thousands, I believe. In Edison's new laboratory alone, intended probably only for local purposes, there is a separate room with apparatus for exhausting hundreds of these globes. There is, even under the strictest general safeguards, and the most conscientious personal precautions, no possibility of avoiding, particularly during winter, in hot, closed rooms, the vapors of mercury, and of avoiding entirely contact with the metal during the process. The factory in East Newark employs its own physician to attend to its sick, who, I have reason to believe, form not a small percentage of the whole force, and they are furnished medical attendance and medicines gratis—a tacit acknowledgment that it considers the work reponsible for the illness, although sometimes disguised under the name of malaria, or some other convenient scape-goat of medical terminology to cover the plain fact of quicksilver poisoning. These cases, from what I have personally seen and had described to me, differ in no essential from other forms of mercurial poisoning.

NEW FORM OF HYPODERMIC SYRINGE.

BY JOHN J. THOMAS, M. D.,
YOUNGSTOWN, OHIO.

There is no instrument in common use by the physician and surgeon so difficult to keep in good working order as the hypodermic syringe. The piston becomes dry, the washers are lost, and the glass is easily broken. Often, when needed badly, the instrument is found to be unfit for immediate use. In a case of post-partum hemorrhage or surgical collapse there is nothing more satisfactory to the medical attendant than a well working hypodermic syringe with the proper medicaments close at hand. A badly working syringe, under such circumstances, is an exasperation, and may mean death to the patient. Unfortunately, the ordinary syringe is apt to leak, and valuable time is spent in trying to get it in order. The writer owns three syringes, a thirty minim metal barreled one, a glass one with metal mountings by a standard manufacturer, and a glass one with hard rubber mountings. The latter, though the cheapest, kept in good order the longest. The two former were put in order last spring but are of little use to-day.

Very little reflection will convince any one who has had experience with these instruments that there is no need whatever of adhering to the usual form of hypodermic syringe with all its imperfections. The graduated scale we have no longer any use for, though it is still retained on many syringes. It was useful when injections were made from standard solutions. These solutions soon become unfit for use through the development of the *penicillium*. Now it is the custom to use chiefly the tablets, which are easily soluble and of definite weight. The tablet is dissolved in sufficient water and the whole amount of the solution is injected at once, without any attention to the graduated scale.

I have for some time been employing a method of administering hypodermic injections which is at once rapid and thorough. Of its practicability and efficiency I have had abundant proof. The apparatus is exceedingly simple and almost ridiculously crude; yet I invite any practitioner to try it, and I venture the assurance of the most satisfactory results possible. For my part I have forever done with the old-fashioned hypodermic syringe, even should my method not be improved upon by the instrument maker.

Take a good large medicine dropper, remove the glass tubular portion, and into the nipple shaped rubber end piece insert the proximal end of a hypodermic needle. Fasten the needle in its place by some thread, or, as I have been doing, by a sufficient number of turns of a smallest sized rubber band. Now your injecting apparatus is complete. Press the rubber between the thumb and finger and insert the needle into some water. Release the pressure and in thirty seconds the rubber nipple is full of water. Pressure will discharge the water into a teaspoon into which you can throw your tablet or powder. When the latter is dissolved, draw it up again into the nipple and you are ready for injecting. It is necessary to first fill the nipple with water in order to measure its capacity, as it is not desirable to inject air with the solution of the medicament.

Moderate pressure will very easily deposit the solution under the skin. There is not a particle of leakage, and the little operation is done quickly, thoroughly and with no vexation of spirit. The ordinary medicine dropper nipple contains about thirty minims of water; too much for an ordinary injection.

I invite the instrument makers to perfect this method of giving a hypodermic injection by constructing a nipple of pure rubber of at least double the thickness of the medicine dropper, so as to diminish its capacity to about fifteen minims. A metal attachment should be made, into which the needle could be adjusted by a screw thread or by friction, as in the ordinary hypodermic syringe. The nipples could be made of three different capacities, say: ten, twenty and thirty minims, and these, with the needles, could be put into a neat case and sold for a much less price than a hypodermic syringe. I claim for this apparatus simplicity and durability; and for the method all that could be desired in rapidity, thoroughness and efficiency.

THE TELEPHONE PROBE.

BY HARVEY B. BASHORE, M. D.,
WEST FAIRVIEW, PA.

In 1876, M. Trouvé, of Paris, invented an electric probe, consisting of insulated wires, connected with the revealing apparatus of a magnet and an indicator, and depending for its usefulness on the fact of the greater conductivity of metal compared with the surrounding tissues of the body. About one year ago, I made a modification of this, by substituting a telephone for Trouvé's revealing apparatus. Since then I have heard that an Army Surgeon has used the telephone for a similar purpose; but I have seen no description of his probe.

The instrument which I devised depends upon the fact that the "making" and "breaking" of a telephonic circuit in which a battery is connected, produces a characteristic sound in the telephone. The apparatus consists of a probe proper, a battery, and the "receiver" of a Bell telephone. The probe is made of a flexible canula, containing two insulated wires, ending in platina tips, which project beyond the canula about one-sixteenth of an inch. The battery consists of a small zinc and carbon element in a solution of ammonium chloride, and is connected in the circuit with the telephone and probe.

In using the instrument the battery—which is sealed—can be placed in the coat pocket and the probe manipulated with one hand while the other holds the telephone; the moment the probe comes in contact with a metal the circuit is closed between the platina tips and a sound is heard in the telephone.

An extractor can also be used, similar to Trouvé's, consisting of an ordinary bullet forceps, the arms of which are insulated and wires led therefrom to the telephone and battery.

By this arrangement the surgeon is sure of not grasping bone or tissue, since in such a case the current would not be established.

CASE OF RUPTURED LIVER.

BY FRANK P. BUTLER, M. D.,
WHAT CHEER, IOWA.

The following case, while not unique, may be of interest to some of the readers of the MEDICAL AND SURGICAL REPORTER. On July 22, George W., 19 years old, while at work in the harvest field, in a stooping posture, received a kick from a horse, one inch below and two and one-half inches to the right of the umbilicus. Dr. Wymore, being called a few hours later, found the patient delirious, suffering intense pain, with abdomen greatly swollen. He diagnosticated rupture of the right lobe of the liver, and to relieve pain, gave one-fourth grain of morphia hypodermically. On the following day, the patient was seen in consultation by Dr. Beaudry. He confirmed Dr. Wymore's diagnosis, they finding in addition severe and general peritonitis and stercoraceous vomiting. Before death, which occurred upon the fourth day after the injury, coffee-ground vomit occurred frequently.

Post-mortem, conducted sixteen hours after death, by myself, for Drs. Beaudry and Wymore. Found abdomen greatly distended with gas, so much so, that after the usual median incision it was necessary to puncture the intestines in numerous places before we could proceed. The peritoneum was greatly congested, especially at the seat of injury. The intestines in the right hypochondriac, lumbar, and inguinal regions were firmly bound by adhesions to the liver, the right kidney and the wall of the abdomen. At the appendix vermiformis the adhesions were so great as to cause a strangulation of the bowel, a small amount of fecal matter being found above the strangulation. The right kidney was so bound down by adhesions as to require the scalpel to free it from its bed, the capsule was firmly adherent, the pelvis being deeply congested.

The liver, like the intestines and kidneys, was firmly adherent to the surrounding tissues; and upon the posterior surface of the right lobe was found an extravasation of bile, and a rupture about one-half inch in extent. The gall bladder was greatly distended, almost to bursting. Pockets of purulent pus were discovered throughout the regions mentioned above.

SARCINA FUNGUS IN THE URINE.

BY MARTIN RIVELY, M. D.,
FIRST ASSISTANT IN THE PATHOLOGICAL LABORATORY, JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

So seldom do we meet with the sarcina in the urine that much uncertainty exists in regard to its cause and the conditions essential to its growth. Some have thought it dependent upon dilatation of the bladder, but I am inclined to believe this opinion erroneous, because dilatation is not always found when the sarcina is present; and, on the other hand, dilatation is very often demonstrable when the parasite is not to be found. In the stomach, also, it has been detected, associated with narrowing of the pyloric extremity while no dilatation whatever could be discovered in the stomach itself.

It has been my fortune to meet with three cases of urine containing sarcinæ; but of the first one I have no accurate notes. The second case was that of H. D.; male; 65 years old; who for several years had been suffering from cystitis and posterior urethritis, the result of an enlarged prostate. When he first came under my care I examined his urine microscopically. He was passing in it considerable quantities of blood, pus, and stringy mucus; and it contained squamous epithelium, crystals of triple phosphate, and the sarcinæ. Under treatment the hemorrhage ceased. But it recurred from time to time, although never to the same extent as at first. The pus never entirely disappeared; indeed, excepting in the cessation of the bleeding, but little improvement occurred until he consented to the regular use of a soft catheter, when all the symptoms and all the pathological ingredients of the urine in great part disappeared. The sarcina fungus disappeared completely, and I have not since been able to find it. Up to the time our patient employed his catheter, his bladder, as shown by the detritus present, was never fully emptied; but by its systematic use the viscus was completely evacuated; and when the bladder was thoroughly relieved of the decomposing material the sarcinæ disappeared. I examined the urine a year after the catheterization was instituted without finding a trace of sarcinæ.

The third case of sarcina which I have seen was under the charge of my friend, Dr. O. P. Rex, who sent me the urine for examination. The patient was a woman, suffering with a displaced uterus, which pressed upon the urethra and prevented the bladder from wholly emptying itself. There was pus, squamous epithelium, phosphatic crystals and detritus in the urine, besides the sarcinæ. The bladder could hold only a pint of water when injected; hence there was no dilatation. As soon as Dr. Rex had corrected the displacement of the uterus, and the bladder was able to resume its natural function of evacuating itself without hinderance, the sarcinæ, with the pus and detritus, disappeared.

Two cases of even so rare a disorder are not usually enough from which to draw any very broad conclusions; but it seems to me that the history of those described above indicate that sarcinæ in the urine are not dependent upon a condition of dilatation of the bladder, but rather upon the retention of decomposing material in a viscus which is unable ever to empty itself completely.

REPORTS OF CLINICS.

PRESBYTERIAN DISPENSARY, CHINANFU, CHINA.

CLINIC OF DR. ROBERT COLTMAN, JR.

Gonorrhœa at 8 Years of Age.

It does not often fall to our lot to see a case like the following. Boy; eight years old; complains of pain in making water; brought to the dispensary by his old grandmother, who says he is troubled with painful erections. Examination reveals a case of ordinary gonorrhœa. The old woman was asked to step into the waiting room while we questioned the boy and obtained the following history. Two weeks ago, when all of his own family were away from home, a young married woman living in the same court enticed him into her room and had intercourse with him. This must have been very imperfect, as the boy is only of ordinary development for his years, but it served to communicate gonorrhœa to him. Four days after, the disease first appeared. I put him on Magnesia Sulph. ℥i, twice daily, and a lotion of lead water and laudanum was applied on absorbent cotton to the penis externally, with elevation of the penis. In two weeks all discharge had ceased and the patient left off coming.

Fibroma of Prepuce.

This man comes before you for the last time, as he is leaving for home. He caused me at one time as much anxiety as any patient I have ever had, if not more. Two months ago he presented himself, saying he had great difficulty in passing water. Examination of his penis revealed a hard growth of fibrous tissue extending in front of the glans penis for an inch and a half and involving the entire circumference of the prepuce, which was elongated. Through the centre of this mass there still remained a very small opening, through which the urine constantly dripped away; and, as it could only come drop at a time, all the man's waking hours were spent in urination. He stated that two years before he had had a syphilitic chancre in the prepuce, and that, in cicatrizing, it had left him the present growth; but that the calibre through the growth had been diminishing daily, until now he could not pass water fast enough to relieve his bladder. Palpation proved the bladder to be distended, although he stated that he had been doing all he could since morning to empty it. I etherized him and amputated the growth in front of the glans penis by one sweeping cut of the knife. In other words, circumcising him. This was followed by a discharge of a quart or more of ammoniacal and decomposing urine. I then retracted the foreskin back of the glans penis and connected the mucous surface with the skin with four points of interrupted suture. This in no measure controlled the hemorrhage, and I introduced one point of suture after another until I had, in all, twelve points of suture. By this time the prepuce was greatly infiltrated, had attained the size of a large tea cup in circumference, and was bleeding all around. I then applied Monsel's solution, which instantly formed a clot, but the ooze from beneath it kept up and forced the clot off. I repeated this several times, with no success. I then used styptic cotton, with no better result. I next wrapped the penis in a strong solution of lead and opium, with the exception of the open surface, where I again applied the Monsel's salt. A small artery, which had become enlarged, now spurted, and was tied; but the bleeding continued unabated. Finally I gave the patient a teaspoonful of fluid extract of ergot, which I repeated in half an hour, after which the bleeding soon ceased. The cut surfaces united very slowly and a large slough formed on the dorsal surface; but he gradually got well and is now able to urinate with ease.

Entropion.

This woman has suffered for several years with inversion of the upper lids of both eyes, and the corneæ, being constantly rubbed by the ciliæ, are almost opaque. She suffers with constant pain and lachrymation. This affection is extremely frequent in this province, and arises greatly from the greatly elongated condition of the upper lid. This is almost exclusively among the lower classes, and I believe is largely due to living in rooms without chimneys, so that all the smoke of fires used for cooking or heating purposes makes exit by the door, consequently the room is constantly full of smoke. This occasions constant straining of the lids, which in time leads to their elongation and relaxation to such an extent that the cartilages invert and produce the condition known as entropion. This I remedy by taking out an oval piece of the lid (and often it requires quite a large piece) and then stitching the cut surfaces together. The opacity of the cornea gets much less after the operation, and cases which seem hopelessly blind often get very good sight. Sometimes it is necessary to split the cartilage its entire length in addition to removing a piece of the integument; but I find, as a rule, the simple excision of a piece of skin, varying in size to suit the case, suffices. Even after a large piece has been excised, in a few months there remains no visible cicatrix.

Abscess of Neck.

Man; 21 years old; laborer. As this man came in the door he attracted every one's attention by the enormous swelling of his face and neck. As I glanced at him, I mentally said: "sarcoma." I now see I was mistaken. This swelling commences at the lobe of the left ear and extends down to the xiphoid appendix of the sternum, and out to the point of the scapula, causing a frightful deformity, but fortunately one we can remedy with very little trouble. This is nothing more than an enormous abscess under the superficial fascia and platysma muscle of the neck. It has come down on to the chest but is external to the pectoralis muscle. At the junction of the third rib on the left side with the sternum, I make a vertical incision, an inch in length, cutting upwards, and you now see this immense tumor rapidly disappearing. The pus is very badly disorganized and the patient is anemic; so I will order him tinct. ferri. chlor. gtt. xxx, in water, three times daily, after meals. You see we have collected fourteen ounces of pus, which has drained the cavity fairly; but with this amount of indurated tissue more will follow; so I introduce a drainage-tube, which we will remove and wash twice daily. We will also paint the entire left side of the neck with tr. iodinii dil. twice daily.

Horn on the Buttock.

Man; 54 years old. This patient has a curious and rare growth on his right buttock. It is an inch and a half in length, half an inch in width, and projects an inch from the surface. It is a horny tumor—just like horn or a rough toe nail. In fact, this tumor very much resembles a great toe. The patient tells us it began as a swelling four years ago, and has gradually grown to its present dimensions, and is so painful he cannot sit down with any comfort. When standing, however, it causes him no inconvenience. It is the first tumor of the kind I have ever heard of growing from the gluteal region. Generally such tumors grow from the head, or over a large bone; but in this instance there is not the slightest bony attachment and the base is freely movable in the gluteal muscle. I shall excise this by an oval incision, including the entire growth and its base to the depth of an inch and a half, then close the wound with four or five points of interrupted suture put in quite deep. I think we may expect union almost entirely by first intention.

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—There are said to be 402 medical practitioners on the roll of the British Medical Temperance Association, and 109 medical students as associates.

FOREIGN CORRESPONDENCE.

LETTER FROM BERNE.

Suspension in Spinal Disease.—Bacteriuria in Women.—Congenital Absence of the Pectoral Muscles.—Subcutaneous Rupture of the Biceps Brachii.—An Ancient Epidemic of Hydrophobia, and its Cure.

BERNE, Aguust 11, 1889.

The suspension treatment of locomotor ataxia and other chronic diseases of the spinal cord (the "Russian method"—since it was first introduced, in 1883, by an eminent Russian physician, Dr. O. O. Motchütkovsky, of Odessa), as was noted in an Editorial in the REPORTER, Feb. 23, 1889, has already found friends among the Swiss practitioners. At a recent meeting of the Société Médicale de Genève, Dr. Ladame stated that he had made 282 suspensions in 16 cases, of which 15 referred to tabes (12 men and 3 women) and to Friedreich's ataxia. The sittings were repeated every second day and lasted each about four minutes (or even more) in patients weighing from 110 to 135 pounds, but not more than two or three minutes in those weighing from 175 to 220 pounds. The results, as obtained by Dr. Ladame, on the whole coincide with those published by Drs. Motchütkovsky and Charcot. In a certain proportion of the cases the treatment proved wholly ineffective, but in the rest a more or less marked amelioration followed: the lancinating pains were relieved, the micturition improved, sleep became better; in two patients with very marked Romberg's symptom, the latter gradually disappeared, after eighteen or twenty suspensions. In several cases a considerable decrease of the plantar paræsthesia and sensation of cold about the lower limbs was noticed. In none of the cases was any aggravation of the patient's state or any disagreeable accessory effect ever observed. Still, Dr. Ladame is very far from thinking that the procedure is quite harmless. On the contrary, he insists on the necessity of the utmost caution, both in the selection of suitable subjects and the carrying out of suspensions. The *séances* should invariably take place under the medical attendant's personal supervision. The method is decidedly contra-indicated in the presence of grave anemia or cardiac and vascular disorders. The author asserts that treatment of spinal disease by suspension and electricity combined may be crowned with better results than those given by either of the methods separately.

Another Geneva practitioner, Dr. Revilliod, tried the Russian method in thirteen cases, namely, in four of typical tabes, three of sexual impotence, four of vesical troubles, one of syphilitic myelopathy, and one of perforating ulcer of the foot. In one of the tabetic patients no benefit could be noticed, but in the other three a more or less striking amelioration of the shooting pains, ataxia, Romberg's sign, neuralgia of the penis, and micturition was observed. All the three patients with virile impotence improved markedly, but of those suffering from vesical troubles only one showed some amelioration. The syphilitic patient who had had a spasmodic gait, ceased to fall, and commenced to walk very steadily and confidently. In the case of perforating ulcer, the treatment relieved all pain, removed the swelling, and ultimately led to healing of the lesions. As to the *modus medendi* of the method, Dr. Revilliod supposes that suspensions "may favorably modify the morbid process through elongating the spinal cord."

Drs. Hastings, Burrough, and Appia, of St. Etienne, record a striking case of classical ataxia of a severe type in which the suspension treatment was soon followed by disappearance of the lightning pains, the anæsthesia, and the incontinence of urine, the patient recovering his walking power. Dr. Goetz, of Geneva, likewise relates the history of two cases of locomotor ataxia in which the gait improved and constipation disappeared. No untoward influence of the procedure on catamenia was ever noticed by the author.

An interesting paper on Roberts's "bacteriuria" has been recently published by Dr. Alexander Peyer. As his experience shows, bacterial cystitis in women is caused mostly by the penetration of bacteria from the vagina and vulva *via* the urethra. Hence he recommends the following plan of treatment of the affection, which gave excellent results in his hands. First of all, the patient's vagina is irrigated with a quart of tepid boiled water, containing eight or ten drops of a 10 per cent. solution of corrosive sublimate. Then the bladder is washed out with a pint of the water mixed with one or two drops of the solution, in the following manner: The wash is divided into three portions of from 5 to 8 fluid ounces each, of which the first two are successively injected into the viscus, to be retained therein for a few minutes, and then withdrawn by means of a catheter. The third portion is left in the bladder for five or ten minutes, to be subsequently expelled by the patient herself. After this the vagina is thoroughly wiped dry with a 1 per mille corrosive sublimate cotton, and a plug measuring 5 or 6 centimetres in length and made of corrosive sublimate gauze with cotton pellets is inserted into the canal and left for a night. The local treatment is supplemented by the internal administration of salicylic acid in three-fourths grain doses, several times a day, or of 1 per cent. boracic acid solution, a tablespoonful four or five times daily.

As is known there exists a curious "law," according to which very rare or exceptional cases of biological anomalies (diseases or anatomical defects) tend to occur in groups. The "law" is once more well illustrated by the congenital absence of the pectoral muscles. As your correspondent stated in his preceding letter (*vide* the REPORTER, July 13, 1889, p. 44), the literature of that extremely rare anomaly had been recently supplemented by Drs. Schulthess, of Zurich, Kobler, of Vienna, and Bradel, of Sophia (Bulgaria), who had published each a case almost simultaneously and quite independently of each other. A few days after my letter had been mailed to Philadelphia, I received a current number of the *Proceedings of the Omsk* (*Siberian*) *Medical Society* (No. 3, 1889), which contained another instance of the defect, described by Dr. Nĭkolai A. Tüberovsky, house surgeon to the Küldjinsky Lazaretto. The case is that of a young, strong, healthy and otherwise perfectly well-developed Siberian Cossack 20 years old, in whom an accidental examination revealed a congenital abscess of the sterno-costal portion of the right major pectoral muscle, as well as of the whole pectoralis minor, accompanied by an anomalous inability of the corresponding acromio-clavicular joint, the right clavicle and acromion being longer and thicker than the left ones. No functional disturbances were detected. Dr. Tüberovsky adds that Professor W. A. Gruber, the illustrious Russian anatomist, had seen only one similar case (absence of the clavicular portion of the major pectoral) during his forty years' practice, and Professor Lesshaff, of St. Petersburg, only two (absence of the sterno-costal portion).

Dr. Albert Mayor, of Professor J. L.

Reverdin's clinic, in Geneva, details a probably unique case of traumatic subcutaneous rupture of the biceps muscle. The patient, a powerfully built porter, 34 years old, was lifting a heavy box to place it on the top of an omnibus. The box slipped down and fell on the patient's flexed left arm, one of its sharp, iron-clad edges striking the fully contracted biceps in front, at some distance above the elbow. There were found considerable bruises and subcutaneous extravasations, but otherwise the integuments remained intact. A portion of the lower end of the biceps was found to be cut in two, the lower fragment forming an immobile, flabby, ovoid body, the size of a plum. On examination six weeks later, the left biceps was found to be strikingly shortened, terminating abruptly about the middle of the humerus, the lower half of the region being occupied by a flat layer of dense fibrous tissue passing downwards into the tendon. The limb proved to be considerably weakened compared with the opposite one.

In the Vorenej bi-weekly *Meditinskaia Bēsēda*, June 28, 1889, p, 334, Dr. L. B. Weinberg, relates an extremely instructive instance of an epidemic of so-called hydrophobia, discovered by him in the Vorenej Governmental record office, the document being a special report sent by General-Lieutenant Tchertkoff, who was at the time Governor of Vorenej, to the Empress Catharine II, in 1788. According to the Governor's inquiry (instituted by her Majesty's order), in April, 1785, at a local village Eritikova, a male peasant named Danïlo Prïpüjenks, was bitten by an undoubtedly rabid dog. The lesions being trifling, Danïlo soon forgot all about the accident. Shortly afterwards he was invited by a friend of his to be present at a marriage feast, in company with other ninety-nine persons (58 male and 41 female). At first everything went on quite smoothly. Danïlo ate and drank to his heart's satisfaction and generally was as merry as all others. But, as the evening advanced, he suddenly developed symptoms of furious hydrophobia and commened to bark like a dog, and to attack and bite the people all round. Two days later he died, and that in spite of the treatment adopted. And now comes the most interesting point. The general opinion was that the poor man had succeeded in "infecting" every one of his companions. And really, immediately after the disturbed feast they all began simultaneously to experience "unusually profound depression of spirits and anxiety, agonizing headache, hydrophobia, and an irresistible tendency to run about," to which symptoms there soon supervened "profuse salivation, sleeplessness and a complete loss of reason." Some local *Znakhars* (rustic, uneducated medical practitioners, or wise-men) were at once consulted by the patients' relatives. They promised to cure every man and woman of the hydrophobics, and actually kept their word. All made a rapid and complete recovery, the treatment consisting in puncturing certain blue vesicles found under the tongue of each patient by the Znakhars, and in the internal use of a decoction made of the flower and leaves of the common dyer's genista (*Genista Tinctoria*), and given a tumblerful every morning and evening. The good Governor does not entertain any suspicion whatever that the patients were suffering from a "suggestive," and not from a genuine hydrophobia, and believed that they were cured therefrom solely by the said powerful means.

It is interesting to note that the presence of vesicles under the tongue figures largely in the literature of hydrophobia. The ancients believed in a so-called "worm," under the tongue of dogs, and Marochetti, in the early part of this century popularized in Europe the error in regard to the so-called vesicles under the tongue shown him by the Znakhars, and which since then have been known as Marochetti's vesicles—an error which imperfectly instructed writers on hydrophobia repeat to the present day. The use of genista tinctoria is also ancient and subject to periodical revivals.

VALERIUS IDELSON.

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—A curious case of poisoning is reported from New South Wales. A woman who was suckling twins took a dose of chlorodyne at night and suckled the twins afterward. In the morning they showed signs of narcotic poisoning, and they died during the day.

—In recent years, in Brooklyn, typhoid fever has seemed to be especially virulent in the better portions of the city, and to be practically absent from those sections in which the sanitary conditions are inferior; so much so, that it has become a popular impression in that city that typhoid fever is a disease of the rich and well-to-do, and not of the poor.

PERISCOPE.

Keratin and Keratinized Pills.

In an article in the *Journal de Pharmacie et de Chimie* M.E. Bourquelot says: Under the name "keratin" are designated certain products obtained by exhausting different horny tissues, such as bristles, nails, horn, feathers and epidermal tissue, successively with ether, alcohol, water and dilute acids. Although these present among themselves, according to their origin, differences of composition, they may be classed under the same designation by reason of the chemical and physical properties they possess in common. In the dry state they are all very hygroscopic, but nevertheless they do not swell much in water. If they are subjected under pressure to the action of water at 150° C. they are decomposed, sulphuretted hydrogen being given off. Keratin swells in cold and dissolves in hot concentrated acetic acid. When boiled in dilute sulphuric acid it is decomposed, yielding leucine, tyrosine and asparagic acid. Keratin swells in alkalies and dissolves in them when heated, and if an acid be added to an alkaline solution sulphuretted hydrogen is evolved.

Keratin has been employed and recommended by Unna and Beiersdorf for the making of "keratinized pills" or "pills for the small intestine." Pills coated with a layer of keratin, which is insoluble in the gastric juice, are not dissolved until they reach the intestines, when they come under the action of the alkaline bile which dissolves the keratin.

The medicines which may be administered advantageously under this form are rather numerous. Among them may be mentioned:

(1) Medicines that can by prolonged contact cause irritation to the mucous membrane of the stomach: arsenic, salicylic acid, creasote, chrysarobin, quinine compounds, copaiba balsam, cubebs, ferruginous preparations and especially perchloride of iron, opium, mercurial preparations, and especially biniodide and bichloride of mercury, phosphorus and all the tænifuge preparations.

(2) Medicines that can injure the digestion by giving insoluble precipitates with pepsin and peptones: tannin, alum, acetate of lead, preparations of bismuth, nitrate of silver, corrosive sublimate, etc.

(3) Medicines that are rendered inactive or decomposed by the gastric juice; alkali, bile, soap, sulphide of calcium, sulphide of iron, pancreatin, etc.

(4) Medicines which should arrive in the intestines as concentrated as possible: kousso, santonin, extract of male fern, alkali.

For the preparation of a solution of keratin suitable for the coating of pills several formulæ have been proposed, in all of which either acetic acid or ammonia figures as a solvent. As, however, certain medicines are modified or decomposed by one or other of these substances, a choice of formula should be made according to circumstances. For instance, the acetic solution might be used for coating pills containing salts of mercury, gold or iron, arsenic, creasote, salicylic acid, tannin, alum, etc. On the other hand, an ammoniacal solution might be had recourse to for pills containing pancreatin, trypsin, bile, alkalies, sulphide of iron, etc. For certain other substances, such as naphthaline, it is immaterial which of the solutions is used.

Keratin is prepared by Unna by steeping parings of horn in a digestive liquid composed of pepsin, 1 gram, hydrochloric acid, 1 gram, and water, 11 grams, as long as the shavings yield anything to the solvent. The residue is then dissolved in ammonia by maceration lasting several weeks, after which the solution is evaporated.

Keratin is dissolved with the aid of a gentle heat either in acetic acid or ammonia and the solution is allowed to clear by standing. Fischer recommends the employment of seven parts of keratin with either 100 parts of acetic acid or a mixture of equal parts of ammonia and dilute alcohol.

If the pill mass should contain water, the pills would shrink and fissures would be produced in the keratin coating. It is, therefore, recommended to use in the making of these pills a mixture of yellow wax, 1 part, and suet or cacao butter, 10 parts. It is also necessary to avoid the use of vegetable powders and to employ in their place kaolin or charcoal powder. When the pills are finished they should be dipped in cacao butter, rolled in charcoal powder and then keratinized. For this purpose the pills, placed in a porcelain capsule, are sprinkled with a suitable quantity of keratin solution, and then shaken together until the evaporation of the solvent takes place. This moistening and drying requires to be repeated several times (as many as ten) before the layer of keratin is sufficiently thick. The process employed for coating pills with gelatin, which consists in dipping into the solution the pill fixed on the point of a needle, is not suitable here, for it leaves a hole through the keratin coating that can never be completely closed.

In order to insure that the keratin used is insoluble in the stomach, Unna recommends that a preliminary experiment should be made with sulphide of calcium pills coated with it. If in the course of some hours after such pills are taken eructations of sulphuretted hydrogen are observed, it would indicate that the pills have been dissolved in the stomach. When the keratin is of good quality nothing of the kind should occur. Finally, to complete the test, the pills when placed in water should not liquefy or crack.—*Amer. Journal of Pharmacy*, August, 1889.

The Dispensing of Powders.

In the *American Journal of Pharmacy*, August, 1889, Mr. Thos. S. Wiegand calls attention to some of the drawbacks to the prescribing or dispensing of powders. In some of the recent issues of the drug journals, he says, the dispensing of medicines in powders has been made a subject of remark. While this form of exhibiting medicines is one of the simplest, it still must be admitted that as frequently done, even in stores of good reputation, there is a great deal of inaccuracy in the performance. In the preparation of the materials which, when compounded, form the remedy, the exact and thorough mixture of all the components frequently is not effected. Where morphine, arsenious acid, or corrosive sublimate are ordered, the division of any of these is secured by the use of a triturate of the active remedy with sugar of milk, using eight grains of the triturate to represent one grain of the remedy; these triturates are frequently kept on hand, thus making the diffusion eight times more certain.

The order in which the materials are put into the mortar is quite important, and the kind of mortar used is also to be regarded; a close-grained porcelain mortar free from any uneven places, or little flaws or holes, should always be selected for the purpose. A small portion of sugar of milk, or the mildest ingredient, is triturated in the mortar to prevent the active ingredient from adhering to the surface; after this the most active remedy is added and rubbed with that already in the mortar until thoroughly mixed, when the other active ingredients are to be added, each being well mixed with the others, and, lastly, the remainder of the least active material is added and thoroughly mixed.

The proper division of the powder into the number of papers directed is next to be accomplished. Very ingenious apparatus have been made to effect this purpose, but as yet few have been sold so far as my experience extends. The commonest way for dividing and the least reliable is to guess at it by taking out on the end of the spatula about as much as the operator thinks will make the proper quantity for one paper, and having distributed the whole quantity into the number of papers ordered, those which *seem* to be either too light or heavy are corrected; this it need only be said is *guessing* about the division.

Another and much better method is to spread the powder to be divided upon a ground-glass plate, arrange it into a parallelogram of even thickness, and mark off the number of parts into which it should be divided with a straight edge spatula across the plate. Those who practice this method succeed in making divisions that are within a fraction of a grain. Greater accuracy can be attained by using a glass slab to the underside of which has been pasted a piece of letter paper upon which have been ruled six or eight parallel lines; at right angles to these an equal number of lines have also been ruled, all at equal distances; at the margins of the paper the numbers 1, 2, 3, etc., are made between the lines so that any given number can be made by multiplying one number by any other that will give the desired number of powders.

This is a matter of great importance to physicians everywhere. In the cities, they cannot usually know what facilities for accuracy and what habits of carefulness different druggists have. But they may and should know something; while in the country they may usually know all about it.

Silicate of Sodium.

As long ago as 1862, Dumas, and almost simultaneously Rabuteau and Papillon, became interested with the silicate of sodium and its powerful antiseptic properties, preventing both putrefaction and fermentation. Their results were confirmed by some other French writers, especially by Picot and Champouillon. Dubreil, Marc Sée, and other French writers afterwards affirmed that the silicate was a very valuable remedy in the treatment of chronic urethritis, vaginitis, diarrhœa, and other mucous fluxes. The remedy has not, however, succeeded in working its way into professional favor. The cause of this seems to be indicated by the recent researches of R. Lowenhaupt, who, in his inaugural thesis, records a number of experiments, and reaches the conclusion that the salicate of sodium has practically no influence upon putrefaction; that the antiseptic power which it sometimes exerts depends upon the appearance of free soda in it, the soda having the power of dissolving the fungi.—*Therapeutic Gazette*, July, 1889.

Parasitic Fetus in a Multiparous Woman.

Early in 1888 we published an account of Laloo, the Indian boy who bears a parasitic fœtus attached to his epigastrium, consisting chiefly of the four extremities and nates. Messrs. Sutton and Shattock reported the case in the *Pathological Transactions* for the same year. Another case of parasitic fetus is described by Dr. E. Bugnion in the *Revue Medicale de la Suisse Romande* for June, 1889. The patient, whose photogravure adorns the paper, is a well-developed young woman with regular features. She was born in 1869. In front of the pubes is attached a rudimentary pelvis bearing two long, deformed, and partly atrophied lower extremities. Rudimentary nipples were found in the integument of the autosites's groin on each side of the attachment of the pedicle of the parasite. There was no signs of any external genitals on the parasite. The vulvar orifice of the autosite is anteriorly encroached upon by the parasite, and is pushed backwards so that the perineum is reduced to a thin septum. The autosite, Louise L., of Reims, walks well; the monstrosity shows but little. She married three months before her fifteenth birthday. In March, 1885, her first, and in December, 1888, her second child was born. She was suckling the latter when Dr. Bugnion examined her. He describes her as a dipygus parasiticus, or more strictly as a *pubimèle* or *pygomèle pubien.* She is known as the *dame à quatre jambes,* and has been on show for some time, after the fashion of most monsters.—*British Med. Journal,* July 20, 1889.

Death from Chloroform.

A case of death under chloroform narcosis recently occurred at University College Hospital. A powerfully-built man, aged 56, was admitted on June 15th on account of extensive epitheliomatous ulceration affecting the tongue and floor of the mouth. As he had been an habitual drunkard he was kept in the hospital and prepared for the operation, which took place on June 27. Although he was stated to have had an attack of acute Bright's disease, with extensive œdema, he was, at the time of the operation, free from albuminuria. While in hospital he had an epileptic fit; there was a history of previous fits. The operation undertaken was removal of the anterior half of the tongue and incisor portion of the jaw. Chloroform was administered by a house physician, who employed Junker's inhaler. The patient was a somewhat longer time than usual in going off, but otherwise took the anæsthetic well, until, at the close of the operation, he became restless, and in order to place the lip stitches it was necessary to push the anæsthetic. During the operation very little blood was lost and the pulse was good. As soon as the chloroform was again resumed the patient's face became cyanotic and respiration stopped. The stump of the tongue was dragged forward—it had been kept well forward with a string all along—and one deep inspiration followed. An attempt was made to catheterize the larynx, when another deep gasp occurred. Subsequently to this no respirations took place, although artificial respiration was maintained for some time, having been commenced as soon as breathing appeared hampered. Laryngotomy was performed, but without effect. Indeed, there did not appear to be any mechanical hindrance to respiration. All the usual means of resuscitation were adopted, but without avail. A *post-mortem* examination revealed a practically healthy heart-muscle, but extensively adherent pleuræ. It may be added that the heart-sounds were noted at the time of the operation, and were of normal character. It seems almost impossible that any further precautions could have been taken in this case, or that anything could have prevented its occurrence; no appreciable shock was evidenced and no contra-indication for the anæsthetic present.—*British Med. Journal*, July 13, 1889.

Physiological Albuminuria.

Dr. Hans Malfatti, of the Laboratory for Applied Medical Chemistry at Innsbrück, controverts the belief that albumen or serum albumen is one of the normal constituents of urine in healthy subjects. He mentions the case of a healthy man in whom the ordinary tests apparently proved the presence of albumen, while Heller's test gave negative results. There was also a singular want of correspondence between the various reactions, as either the test by boiling seemed very satisfactory and acetic acid and ferrocyanide of potassium gave no reaction, or *vice versâ*. Filtration after the test by boiling did not always remove the apparent albumen, which was still discoverable in the filtered urine by ferrocyanide of potassium, especially when chloride or acetate of sodium had been added before boiling. The addition of ferrocyanide of potassium after boiling and adding acetic acid increased the turbidity considerably. When the urine mixed with acetic acid had been allowed to stand, and was then filtered, acetic acid and ferrocyanide of potassium did not make it so turbid, and had sometimes no effect at all, when the same filter was used repeatedly, especially with the addition of acid phosphate of soda, which sometimes prevented the occurrence of turbidity even after a single filtration. After the urine had been treated by reagents which throw down mucin, but not albumen, no albumen could be found, though many tests were tried. The author concludes from his experiments that in the case reported by him albumen was either entirely absent or present in an extremely small quantity only (one in from two million to four million parts). He considers that the body which has given rise to the supposition that albumen occurs in physiological urine is not an albumen, but a kind of mucin, which is easily broken up into typical mucin and a peptone-like body, and he believes that the presence of albumen in the urine of apparently healthy persons is really indicative of a morbid process, though not necessarily of one of at all a serious character.—*Lancet*, Aug. 10, 1889.

Transplanting a Chicken's Cornea.

The *Progrès Médical*, July 13, 1889, announces—but rather sceptically—that Dr. Gravenigo, of the University of Padua, has been successful in an operation which has been tried hitherto in vain in France and elsewhere. This operation consists in grafting the cornea of a chicken upon a human eye. The graft was made recently, and the cornea is said to be very transparent, shining, and convex.

Medical Examiners for Tennessee.

The Governor of Tennessee has appointed the six members of the State Board of Medical Examiners, and they have organized with Dr. James B. Murfree of Murfreesboro' as president, and Dr. T. J. Happel as secretary. According to the law not more than four members may be appointed from the same school of practice. In addition to the above there have been appointed Dr. E. E. Hunter of Elizabethtown and Dr. Heber Jones of Memphis; with Dr. W. B. Halbert (eclectic) and Dr. T. H. Hicks (homœopath).

Baldness and Dandruff.

The *Cincinnati Lancet-Clinic*, June 15, 1889, says that a solution of chloral hydrate, five grains to the ounce of water, will clear the hair of dandruff, and prevent its falling out from that cause. In many instances where the patient is nearly bald, the application of the above-mentioned solution will restore the hair. Arnica oil is also an admirable remedy to promote the growth of hair. A small quantity well rubbed into the scalp three or four times a week can be tried with expectations of benefit.

Treatment of Typhoid Fever.

Dr. A. G. Carr, of Durham, N. C., according to the *Virginia Medical Monthly*, June, 1889, uses the following formula in the treatment of typhoid fever:

℞	Naphthalini	gr. vj
	Pulv. carbo. ligni	gr. xij
	Quin. sulph.	ʒ j

Mix. Make twelve capsules. Sig. From 3 to 6 capsules—all in the morning.

He also gives five grains of antipyrin, in compressed tablet, and generally in the afternoon, if the fever rises high.

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PROPHYLAXIS OF TUBERCULOSIS.

The communicability of tuberculosis is a doctrine which has had advocates in every age; but it has become prominent since 1865, when Villemin showed that tuberculosis could be communicated to rabbits and guinea-pigs by subcutaneous inoculation of tuberculous matter, and especially since 1882, when Koch demonstrated the constant presence of a certain bacillus in the lesions of the disease. These discoveries have been abundantly confirmed by many pathologists; so that at the present day the communicability of the disease by direct inoculation is a well-established fact. But many clinical observers have gone much further, and now maintain that tuberculosis is communicable also through intimate association with phthisical patients, and by inhalation of their expired air; by eating the meat of tuberculous animals, and by drinking the milk of tuberculous cows. There is, we believe, no really trustworthy evidence to establish such extreme views; and yet the Committee appointed by the French Congress on Tuberculosis has reported in favor of prophylactic measures evidently founded upon them. The Congress met over a year ago, but the report of its Committee has been so long delayed that it came up for discussion before the Academy of Medicine, of Paris, for the first time on August 6, 1889. In opening the discussion, Dr. Dujardin-Beaumetz objected to some parts of the report, and, in particular, declared his belief that the transmission of the disease by means of food was absolutely exceptional, and that milk was contagious only when the cow giving it had tuberculous disease of the udder. Germain Sée was more pronounced in his opposition to the recommendations of the Committee. This distinguished observer asserted that tuberculosis could not be communicated through the expired air of a phthisical patient; because the specific bacillus is developed only in the human or other animal organism, and can reach the atmosphere only through the sputum, which, of course, has first to be dried and pulverized before it can be inhaled. The accuracy of this statement may be questioned; but it cannot be successfully controverted. It is true that the mortality from phthisis among those who live in barracks, boarding-houses, prisons, and in other places where there is herding together, is greater than in the population at large; but the contagion in these cases cannot be through the atmosphere, or else the mortality would be exceptionally high among the nurses and attendants in such places as the Brompton Hospital for consumptives, where six hundred patients are usually under treatment at all times. But this is not found to be the case.

With reference to contagion through meat and blood, the Committee says, that the parasite of tuberculosis may be met with in the muscles and in the blood of animals which serve for food; that rare meat, partly cooked meat, and blood may contain the living germ of tuberculosis, and therefore that their use should be prohibited. According to Germain Sée, however, the virulence of tuberculosis is confined to the lesions of the disease, while the blood and the muscle-juice possess it only very exceptionally. Nocard, for example, has inoculated guinea-pigs with the juice of meat taken from cows with generalized tuberculosis; the inoculations were intra-peritoneal, but not one of the animals contracted the disease. Of course, if *inoculation* has proved negative, as in the experiment cited, and in others like it, simple *ingestion* of the meat must be practically harmless, especially in view of the fact that the gastric juice is capable of destroying the bacillus after contact with it for some hours.

There may be said, therefore, to be no clinical, and very little if any pathological, evidence that tuberculous meat has infective power. It is quite probable that the frequency of tuberculosis in animals has been exaggerated; and if it were proved that meat from such animals is capable, when eaten, of communicating the disease, there would still be no warrant for prohibiting the use of all rare meat. It is fortunate that it is so, for otherwise cachectic, anemic and chlorotic patients, and convalescents would be deprived of a very valuable food and blood-maker, of which nothing will fully take the place.

We feel compelled to say that the report in question greatly exaggerates the contagiousness of tuberculosis, and is calculated to excite needless alarm. Notwithstanding the record of many remarkable cases, it cannot be said to be proved that tuberculosis of the lungs is contagious by contact, or intimate association, and there is no good reason for believing it can be acquired by inhaling the expired air of phthisical patients. Meat from a tuberculous animal, if cooked as it ordinarily is for the tables, can not communicate the disease; nor can milk, except possibly when it comes from a cow with tuberculous mammitis, and is taken by a person much run down in health and predisposed to consumption—and even this danger is purely hypothetical. The dried pulverized sputum of a phthisical patient may communicate the disease, and therefore sputum should be collected in a suitable receptacle and kept moist until burned. It is, however, as impracticable as it is needless to try to sterilize every particle of meat and every mouthful of milk intended for use by human beings.

The opposition to the extreme views embodied in the report of the Committee of the Academy of Medicine does not come from the ultra-conservative members of the profession only; and the eminence of Dujardin-Beaumetz and Germain Sée among French physicians justifies the hope that they will have sufficient influence to effect such amendments to it as will rob it of its alarmist tone and make it appeal to the good sense of medical men everywhere.

EXPERIMENTS IN REGARD TO RABIES IN 1888.

Although, as the readers of the REPORTER know, very little has been done in this country in the way of repeating the experimental work of Pasteur in relation with rabies, and nothing at all, except a few miserable fiascos, toward introducing here his method for preventing the outbreak of hydrophobia in human beings bitten by animals supposed to be rabid, a good deal of work has gone on in Europe in regard to both. Most of this tends to confirm the belief that, by Pasteur's methods, a virus can be obtained which will, in rabbits, produce a disease fairly consistent in its period of incubation, symptoms and issue; and that after preliminary introduction into the system of this virus in an attenuated form, inoculation with the stronger forms is generally harmless. Justice to facts requires the admission of this much.

Our readers are aware that we see no connection between the artificial disease thus produced and manipulated in the lower animals and what is called "hydrophobia" in human beings, and that we find—in addition to the objections from a purely scientific standpoint—a strong practical objection to the introduction of Pasteur's "protective method" for human beings in the fact that deaths from hydrophobia are more numerous where it is used than where it is not, and that deaths from hydrophobia in France are more numerous now than before Pasteur undertook to prevent them. Nevertheless, there is no reason for ignoring the study of the subject which is going on in various parts of Europe; and the construction which we may put upon the observations of our intelligent and conscientious confrères does not invalidate the worth of their experiments. The facts which they gather may not admit of just the interpretation they give them—or, for that matter, which we give them—but the time will come when the correct interpretation will be found, and then Science and Humanity will both be gainers.

The observations in regard to experimental rabies for the year 1888 have recently been well summarized by Dr. Carl Günther, of Berlin, who has been publishing a series of articles, in the *Deutsche med. Wochenschrift*, upon "The most important Occurrences of the Year 1888 in the Field of Bacteriology." In the issue of that journal for August 15, 1889, he takes up the subject of rabies. According to him, Zagari, after numerous experiments, has never observed the transferrence of the poison of rabies to the fetus or to the offspring in the milk. Galtier asserts that in thin layers the dried poison of rabies loses its virulence in a short time; but the buried organs of animals which have died of rabies are still virulent after the lapse of six weeks, often when decomposition has made considerable progress. Novi demonstrated, by experiments upon animals, the presence of a virulent poison in the bodies of maggots which had been found in the dead body of a person who had died of rabies. Bujwid, after testing experimentally the conditions affecting rabies, has adopted Pasteur's views. He has also tested Pasteur's so-called "intensive" method of treatment upon several hundred (a rather vague number) men supposed to have been bitten by mad dogs; and he has pronounced himself in favor of this "intensive" method. In his application of it, he says he has never met with a single death. Protopopoff believes that it is not necessary to make as many inoculations as Pasteur employs, in order to secure to dogs immunity against experimental rabies. Dogs which received, in the first place, an intravenous injection of an emulsion made from a rabbit's spinal cord that had been dried for six days, then after three days a similar injection of an emulsion made from a cord dried three days, and after three days more an injection with an emulsion made from a cord dried one day possessed immunity against subdural inoculation with "fixed virus"—that is to say, against the most dangerous form of experimental infection. The author has further drawn attention to the fact that it is necessary, in order to secure to animals effective immunity, that the first virus employed should be strong enough to kill rabbits, inoculated by trephining, after a period of incubation of ten or twelve days. The strength of the first material used for inoculation should be one-half that of the second. Galtier makes the suggestion that herbivora and swine, which have been bitten by rabid dogs, can be protected surely against the outbreak of rabies by an intravenous injection of the poison of rabies, made in the course of the first twenty-four hours after the bite, the injection being repeated at an interval of from several hours to a day later. The virus which he employs is prepared from the medulla oblongata of the animal inflicting the bite. The immunity thus obtained is said by Nocard and Roux to be only against infection with "street rabies," not against the "fixed virus."

In going over this summary, it will not escape the notice of our readers that only one of the observers quoted has anything to say in regard to rabies or hydrophobia in the human being, and that one approves a method which Pasteur has abandoned, and claims results which are at the same time vague and extravagant. Taken at its legitimate value, the whole series cannot be regarded as pointing to any very clear or very useful generalizations, or as adding much to the force of Pasteur's claims. Still, the facts are given, and our readers may judge of the conclusions for themselves.

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BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS. A TEXT-BOOK FOR VETERINARY AND MEDICAL STUDENTS AND PRACTITIONERS.

By ROBERT MEADE SMITH, A. M., M. D., Professor of Comparative Physiology in the University of Pennsylvania, etc. 8vo, pp. 938. With 416 illustrations. Philadelphia and London: F. A. Davis, 1889. Price, cloth, $6.00.

Dr. Smith states, in the preface to this book, that hitherto English-speaking students have had absolutely no work to which they could turn to obtain the application of the laws of physiology to the functions of the domestic animals. He has found it a serious disadvantage in lecturing to students that they have been compelled to rely solely on the notes which they may have been able to take during the lectures; the present work will obviate this disadvantage, and prove a very acceptable contribution to veterinary medicine.

The first part of the book deals with the general principles of biology, including the structure of organized bodies, cellular physics and cellular chemistry; the second part treats of the nutritive functions, and of circulation, respiration and excretion; and also of the animal functions, the author including under this head the physiology of movement and of the nervous system. The third part is taken up with an excellent review of the reproductive functions and of the reproductive processes. At the close of the book will be found a series of illustrations giving the attitude of a horse at successive instants and in the different gaits of walking, ambling, pacing, trotting, cantering and running. These are, in all probability, reproductions of instantaneous photographs taken from life, and they are an exceedingly interesting and instructive study in the physiology of movement.

The author is necessarily indebted for much of the material of the book to the French and German writers on the subject; this he frankly acknowledges, as he does also the sources of the numerous illustrations, which add greatly to the value of the work. It is a matter of some regret that the book is so large, and that there are so many solid pages—pages without side heads or distinguishing paragraphs or differences of type, so that the student can separate the essential parts from the unessential details. We are glad to say, however, that the book is an excellent one, and we can recommend it to those of our readers who are interested in veterinary medicine.

STRATHPEFFER SPA: ITS CLIMATE AND WATERS.

By FORTESCUE FOX, M. D. (Lond.), Fellow of the Medical Society of London. 8vo, pp. xvii, 165. Illustrated. London: H. K. Lewis, 1889. Price, two shillings and sixpence.

This little book gives an excellent account of Strathpeffer Spa, a health resort situated in the Highlands of Scotland, about twenty miles northwest of Inverness. The Spa had a local reputation for the curative properties of its waters as early as 1772, but owing to the lack of accommodations it has only of late years come to general notice. Dr. Fox describes the springs and their surroundings in an entertaining manner, and gives a very good map of Strathpeffer and the region around it as far as Inverness. This adds much to the value of the book as a guide for visitors. It appears from the chapter on climate that the summers at Strathpeffer are decidedly cooler than in the South of England, but are bright, breezy and dry, especially in June and August; while the winters, though colder than in the neighborhood of London, are free from fogs and mists.

The chief waters of the Spa are cold sulphur waters, though there is a chalybeate spring also. The diseases suitable for treatment at the Spa are mentioned, and a number of illustrative cases are given. The book concludes with an account of the excursions which may be made from Strathpeffer, and with directions for reaching the latter.

The tone of the book is praiseworthy; the author has noted the admirable features of the health resort without overlooking its deficiencies. The publisher may be complimented on the handsome appearance of the book.

THE URINE, THE COMMON POISONS, AND THE MILK. MEMORANDA, CHEMICAL AND MICROSCOPICAL, FOR LABORATORY USE.

By J. W. HOLLAND, M. D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College, of Philadelphia. Illustrated. Third Edition, revised and much enlarged. 8vo, pp. 84. Philadelphia: P. Blakiston, Son & Co., 1889. Price, $1.00.

This excellent little manual is a type, in method and arrangement, of what books should be which are intended for use by students in the laboratory. The descriptions and instructions are concise, blank leaves are left between the printed ones for memoranda, and the more important subject-matter is printed in larger type. Good illustrations of the normal and abnormal substances found in the urine, and of apparatus to be employed in the various manipulations, are a valuable feature of the book, and are of assistance in making the text clear. It should also be mentioned that the book opens in note-book shape, which makes it convenient for carrying in the pocket, and increases its usefulness as a book for ready reference. It is to the publisher's credit that when opened the leaves *stay* open, at any desired page.

The book may safely be recommended as a convenient laboratory guide, especially to medical students.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp.*]

327. A CASE OF NASAL COLOBOMA OF THE CHOROID. G. E. DE SCHWEINITZ, M. D., and B. ALEXANDER RANDALL, M. D., Philadelphia. *Archives of Ophthalmology*, 1889, No. 4. 4 pages.

328. ETIOLOGY OF DIPHTHERIA. SAMUEL N. NELSON, M. D., Boston. *Boston Med. and Surg. Journal*, March 14, 1889. 9 pages.

329. ANTIPARISITARE BEHANDLUNG DER LUNGENSCHWINDSUCHT. DR. F. WESENER, Freiburg, Germany. *Centralbl. f. Bacteriologie u. Parisitenkunde*, No. 16, 1888. 61 pages.

330. COMMON MEMBRANOUS SORE THROAT. J. SOLIS SOLIS-COHEN, M. D., Philadelphia. *N. Y. Med. Jour.*, March 23, 1889. 6 pages.

331. WESEN UND MECHANICHEN BEHANDLUNG DES MUSKELRHEUMATISMUS. DR. JOSEF SCHREIBER, Aussee-Meran. *Dutsche med. Wochenschr.*, 1889, Nos. 9 and 10.

332. THE RESUSCITATION OF ASPHYXIATED NEW-BORN INFANTS BY THE SUSPENSION METHOD. LLEWELLYN B. ELIOT, M. D., Washington, D. C. *Trans. Amer. Assoc. of Obstetricians and Gynecologists*, Sept., 1889. 7 pages.

333. REPORT OF TWO CASES OF EXTRA-UTERINE PREGNANCY. JOSEPH PRICE, M. D., Philadelphia. *Practice*, Jan., 1889. 7 pages.

334. CONSIDERATION OF SOME OF THE RECENT WORK IN ABDOMINAL SURGERY. JOSEPH PRICE, M. D., Philadelphia. *Buffalo Med. and Surg. Jour.*, December, 1888. 15 pages.

335. ACTINOMYCOSIS IN MAN, WITH A REPORT OF A CASE. GEORGE A. BODAMER, M. D., Philadelphia. *Medical News*, March 2, 1889. 8 pages.

336. FIXED UTERI. UTERINE HEMORRHAGE. WM. L. TAYLOR, M. D., Philadelphia. 16 pages.

337. INSANITARY AGENTS IN COMMON USE: TREES, REFRIGERATORS, ICE-BOXES, FILTERS. JOHN MORRIS, M. D., Baltimore, Md. *Trans. Med. and Chir. Faculty of Maryland*, 1888. 6 pages.

327. This is a description of an extremely interesting case, one, in fact, which the writers of the paper state is unique. It is illustrated with a beautiful colored plate, which gives a better idea of the condition than could possible be conveyed by means of words.

328. Dr. Nelson gives a preliminary account of the present status of medical knowledge in regard to the etiology of diphtheria, and follows this with an account of experiments of his own to determine the effect of cultivation and inoculation of the membrane in a case of diphtheria, in a child in whom tracheotomy was performed, and which died soon after. The result of his experiments was to produce what he believes was diphtheria in guinea-pigs, when carried to the sixth generation of culture. In addition Dr. Nelson himself had an attack of diphtheria while conducting his experiments.

329. This pamphlet of Dr. Wesener's is a perfect treasure house of information in regard to the subject of the treatment of phthisis pulmonalis by means addressed to the baccilli to which it is attributed. A large variety of means and measures are here passed in view, and a wonderful acquaintance with the literature of the subject is displayed. Those who are engaged in the study of this interesting subject may well turn their attention to this pamphlet, as it will save them many an hour of painful research.

330. This is a short and accurate account of the nature and treatment of a common disorder. As might be expected, in view of its author, it covers the ground completely, and deals with the subject authoritatively and conclusively.

331. Dr. Schreiber's views in regard to the mechanical treatment of rheumatism are well known. He believes that most excellent results can be secured by manipulation, and holds that the hand is the best medium for applying this method. Other German writers have opposed his views: some holding that manipulation is not so effective as he thinks, and others that machines may be made to do the work as well. The pamphlet before us defines Dr. Schreiber's opinions, and defends them from the criticisms to which they have been subjected. This is done in a most interesting manner. His pamphlet is entertaining, and replies in detail to a criticism by Dr. Nebel.

332. Dr. Eliot advocates the advantages of suspending the bodies of children born apparently asphyxiated. This is to be done with the body of the child inverted. He cites two cases in which he has practiced this method with striking results. In one the inversion and suspension were maintained for twenty minutes. He thinks many children, reported as stillborn, could be saved if this method were fully understood and faithfully carried out.

333. Dr. Price describes in a sketchy manner the history of two cases of extra-uterine pregnancy upon which he operated successfully. His pamphlet contains also a letter from Dr. Formad, Coroner's Physician of Philadelphia, in regard to the frequency with which he observes the evidences of extra-uterine pregnacy in the autopsies he conducts in Coroner's cases in this city.

334. In this pamphlet Dr. Price expresses his views in regard to the importance of the modern ideas of abdominal surgery. He criticises some of the methods of Prof. Martin, of Berlin, and applauds those of Bantock and Tait. His own remarks are followed by those of Dr. Parvin, Dr. M. Price, Dr. John B. Roberts, Dr. H. A. Kelly, Dr. Baldy, and Dr. George E. Shoemaker. The whole is exceedingly interesting, although the views expressed—as will be understood by those who are acquainted with the opinions of the debaters—are not precisely the same.

335. In this pamphlet Dr. Bodamer describes with clearness and succinctness the history of an exceedingly rare case. Antinomycosis in man has been observed quite a number of times in Europe, and has been carefully studied there; but only four cases had been recorded in America when this one was investigated. The account of the case is illustrated with a cut showing the appearance of the patient, and another giving the characteristics of the fungus. As Dr. Bodamer has studied actinomycosis in the lower animals, he is especially fitted to appreciate the points of scientific interest in connection

with the case in man under his care, and the result is a valuable contribution to the literature of the subject.

336. These two papers deal with practical subjects. Dr. Taylor has had a large experience in private practice, and as a gynecologist in the Hospital of the University of Pennsylvania, and he describes the conditions of fixation of the uterus in consequence of inflammatory adhesions, and abnormal hemorrhage from the uterus, and the means which he has found best for managing them.

337. Persons interested in public hygiene will find interesting matter in this paper, although it is likely they will not approve all of its statements. Some of them, such as that "the leafage of trees intercepts a large proportion of the rainfall" we do not think will pass muster in scientific circles, unless the word "large" is taken in a different sense from that which the sentence seems to imply. In the main the statements of Dr. Morris are accurate, however; and he does well to call attention to dangers in such domestic apparatus as he considers.

LITERARY NOTES.

—Dr. W. W. Keen, of Philadelphia, contributes to *Harper's Magazine* for October a paper upon "Recent Progress in Surgery," in which he points out the astonishing advance in this department of medicine. He maintains that "America can rightly boast of playing the chief role in effecting the change that has taken place."

NOTES AND COMMENTS.

Suture of the Bladder after Supra-Pubic Lithotomy.

In the *Lancet*, Aug. 10, 1889, Mr. C. J. Bond, Surgeon to the Leicester Infirmary, has an admirable article on supra-pubic lithotomy and cystotomy, with especial reference to suture of the bladder. In regard to the latter he makes some suggestions well worthy of being repeated.

In four of the six cases operated on the bladder wound was carefully sutured. All of these wounds healed by primary union, and there was no leakage from the wound after the first twenty-four hours. Two of the patients were boys under twelve, and two were adults over forty. The method of operation approved by Mr. Bond is as follows: The bladder is distended with boric acid lotion until it rose well above the pubes. In the adult this may require the injection of from twenty to thirty ounces; latterly in children, and in adults he has not distended the rectum at all. The coats of the bladder are then cut down upon and exposed without any dissection, the peritoneal fat and areolar tissue in front of it being drawn upwards from below by the forefinger of the left hand. This is a point of some importance, as it prevents hemorrhage, and the bladder can be reached when not so distended or prominent as usual. A fine No. 0 silk suture is then passed, by means of a doubly curved needle with an eye at the point (figured in the *Lancet*), through the muscular coats at the upper end of the wound, and as near the peritoneal reflexion as possible. This marks the upper limit of the incision, and serves to hold up the bladder. It is very important to make the incision as near the top of the bladder as possible, as the ease with which the subsequent sutures are introduced depends on this point. After the incision and extraction of the stone the bladder is thoroughly irrigated with antiseptic lotion, and the sutures are introduced. These are of very fine No. 0 silk, and are passed through the muscular coat on either side of the incision by means of the doubly curved needle mentioned above. They are very close together, and are inserted while the wound is held on the stretch by the upper suture. They thus tend to approximate even more closely as the bladder contracts. Especial care is taken to pass the lower suture below the level of the actual incision. The abdominal incision is then sutured and dressed with dry dressings, a drainage-tube being left at the lower angle. No catheter is left in the bladder.

It is noteworthy that in three out of the four cases some urine escaped between the bladder stitches on the first occasions of passing urine within twelve hours after operation, and this occurred whether a catheter was used or not. In none of the cases was a catheter necessary after the first twenty-four hours, and in the last case, an adult, the urine was drawn off six hours after operation, and none escaped from the wound. In none of the cases did this escape of urine between the stitches delay the union, which appeared to be complete in thirty-six hours, all the urine being then passed naturally.

In stout men the difficulty in suturing the bladder, though considerable, is by no means insurmountable, and the points of greatest importance in order to insure success appear to be: First, to produce a healthy, acid condition of the urine before operation, by means of rest in bed and the administration of boric acid internally, in from five to ten-grain doses thrice daily for some days before operation. The effect of this drug in clearing up the foul alkaline urine and relieving the cystitis caused by calculus is very marked even in from twelve to twenty-four hours after administration. Second, care must be taken to avoid bruising, either by handling or by dissection, of the coats of the bladder. Third, the suturing must be done very closely and with very fine silk, care being taken to close both angles of the wound. Fourth, no catheter should be left in the bladder, and the instrument should be used as little as possible after operation. Finally, the escape of acid normal urine between the stitches during the first twelve hours after operation does not in any way prevent primary union of the wound.

In comparing the after-condition of those patients in whom after supra-pubic lithotomy the wound has been closed and unites by primary union with the condition of those in whom the wound is left open and unites by granulation, Mr. Bond is inclined to think that the granulating process, accompanied as it is by the formation of cicatricial tissue binding the bladder to the abdominal wall, leads occasionally to some inconvenience. In the first of his two cases in which the wound was allowed to heal by granulation the patient complained for some months after the wound was healed of a painful dragging sensation above the pubes when he emptied his bladder, as though it was anchored at this spot and did not readily slide beneath the peritoneum into the pelvis when emptied. This fact, and the great shortening of the period of convalescence when the bladder wound is closed by suture, point to the strong desirability of attempting this in suitable cases; for if, unfortunately, primary union does not occur, yet even then no harm has been done.

American Public Health Association.

The Seventeenth Annual Meeting of this Association will be held in the Brooklyn Institute, October 22, 23, 24, 25, 1889. Addresses of welcome will be delivered by Hon. Alfred C. Chapin, Mayor, on behalf of the City, and by Alexander Hutchins, M. D., on behalf of the Medical Profession. The following topics have been selected for consideration at the meeting: The Causes and Prevention of Infant Mortality; Railway Sanitation; (*a*) Heating and ventilation of railway passenger coaches—(*b*) Water-supply, water-closets, etc.—(*c*) Carrying passengers infected with communicable diseases; Steamship Sanitation; Methods of Scientific Cooking; Yellow Fever; (*a*) The unprotected avenues through which yellow fever is liable to be brought in the United States —(*b*) The Sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever—(*c*) The course to be taken by local health authorities upon the outbreak of yellow fever; The Prevention and Restriction of Tuberculosis in Man; Methods of Prevention of Diphtheria, with results of such Methods; How far should Health Authorities be permitted to apply known Preventive Measures for the Control of Diphtheria; Compulsory Vaccination; Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions. Exhibition of sanitary good and appliances in another large hall close by.

Continental Anglo-American Medical Society.

The Continental Anglo-American Medical Association, the organization of which was announced in the REPORTER some time ago, has completed an organization with Dr. Thomas Linn as Secretary. Notification has been sent out that the First Annual Public Dinner will take place at the Grand Hotel in Paris, Sept. 30, 1889. Members of the Association are notified that they have a right to take tickets for, and invite to the public dinner, such friends as they wish to be present, due notice being given to the Secretary beforehand as to the number of invited guests.

The principal object of this first meeting is to bring the members into personal relationship with each other, and to re-organize the Society's work.

The following are the Honorary Presidents: Sir Spencer Wells, Sir Joseph Lister, Dr. Richard Quain, Professor Ball, Professor Brown-Séquard, Dr. Ricord, Dr. J. S. Billings, Dr. Fordyce Barker, and Dr. S. Weir Mitchell.

Pennsylvania Homœopathic Medical Society.

The Homœopathic State Medical Association held its twenty-fifth annual session in Pittsburgh Sept. 17-19. Dr. Miller, of Pittsburgh, welcomed the delegates, and President Trites, of Philadelphia, followed with the annual address. The paper was congratulatory of the progress of homœopathy in Pennsylvania during the past quarter of a century, and full of statistics of the work done by homœopathic hospitals and physicians of the State. It recommended that the State authorities be urged to give the school representation upon the medical staffs of the various public institutions, and to give its representatives entire control of the next institution for the insane that may be established. It was decided to make an effort to have the State appropriate sufficient money to establish a State homœopathic hospital for the insane. A committee was appointed to bring the matter of the appointment of a State Medical Examining Board before the Legislature at the next session.

Death of Mr. Walter Coulson.

From an English exchange (*Lancet*, Sept. 7, 1889) we learn that Mr. Walter Coulson, a distinguished English surgeon, died somewhat suddenly Aug. 30, at the age of fifty-five years. On Aug. 21, Mr. Coulson, having suffered a long while from chronic rhinitis and exostoses in the external auditory meatus on both sides, underwent cauterization treatment at the hands of Mr. Lennox Browne, who at the same time removed the uvula. On Aug. 24, Mr. Coulson complained of intense pain in the right ear. This became excessive by Sunday night, when the tympanic membrane burst and discharged pus through the external meatus. The pain was referred by Mr. Coulson to the back of the head. No symptoms of mastoiditis presented themselves. On the 26th he had a slight rigor, and then grave nervous symptoms commenced. On Aug. 29, Dr. Hughlings Jackson saw him and found him nearly comatose, hemiparetic, and with a high temperature. Diagnosticating cerebral abscess in a preliminary stage, he strongly urged trephining. Mr. Victor Horsley saw Mr. Coulson the same day, two hours later, and found left graduated hemiplegia from the face downwards, conjugate deviation of the head and eyes to the right; diminution of the deep reflexes on the left side; exaggeration of those on the right; temperature 6° higher on the paralyzed side, etc. Mr. Horsley therefore made the diagnosis of suppurative meningitis extending over the motor area. Trepining as an exploratory measure was then resorted to. The temporo-sphenoidal lobe was exposed, and the dura mater opened. Very little clear cerebro-spinal fluid escaped, and the brain bulged, but repeated tappings failed to strike pus anywhere. Trephining of the middle of the fissure of Rolando revealed a large area in which the membranes were infiltrated with pus to the depth of a quarter of an inch, and the brain was softened beneath for a considerable distance. It was clearly impossible to do more, especially in view of the patient's critical condition. During the night Mr. Coulson recovered consciousness so far as to give rational answers to questions, and he evidently understood the conversation in the room. However, the progress of the malady could not of course be arrested. The temperature rose to 104°, the pulse to 140, and the respiration to 50 per minute, and he died at about 5 P. M., Aug. 30. Mr. Walter Coulson, who was practically the founder of St. Peter's Hospital for Stone, was the nephew of the late Mr. William Coulson, Surgeon at St. Mary's Hospital.

United States Veterinary Medical Association.

The annual meeting of the United States Veterinary Medical Association was held in Brooklyn, Sept. 17. Dr. R. S. Huidekoper presided, and Mr. Hoskins acted as secretary. Mr. Coates, Chairman of the Committee on Intelligence and Education, read a report approving the recent law forbidding persons from practicing as veterinary surgeons unless they were graduates from a regular college. A. W. Clement read a paper on contagious and infectious diseases. William H. Pendry, on behalf of the Committee on Army Agitation, reported progress in regard to the bill presented in the last Congress by S. V. White, making veterinary surgeons in the United States Army regular commissioned officers. He said there was every prospect of the bill passing the next Congress.

Three Abdominal Sections on One Patient in Two Months.

Dr. Thos. H. Hawkins, of Denver, Colo., performed laparotomy for puerperal septicemia with pelvic peritonitis, etc., April 1, 1889; two weeks later, laparotomy, and evacuated an abscess of the left broad ligament; eighteen days later, a third laparotomy, and found a small abscess pocket in a cul de sac. June 8 the patient was well.—*Denver Medical Times*, July, 1889.

Second Dentition.

Professor Ivan V. Troïtzky, of Kïev, discusses (*Transactions of the Third Meeting of Russian Medical Men, at St. Petersburg*, 1889) the question of the second dentition, under which name he describes the appearance of the first great molars. The dentition is said to occur in children at the age of from four and a quarter to six and a half years, and to cover a period of, on the average, from nine to sixteen months. In exceptional cases, however, the teeth may come out at an earlier or a later age. The intervals between the appearance of individual teeth may vary from one to four months. The upper teeth develop earlier than the lower ones, but in all other respects there does not exist any order of consecutiveness in the dentition proceeding at four points. The process is commonly accompanied by local symptoms, such as swelling and tenderness of the gum, increased salivation, and toothache; reflex general phenomena, however, are observed very seldom. The upper teeth have four tubercles, the lower ones five. Caries of the third molars in children under nine years of age is a rare occurrence, but later on it distinctly increases in frequency, though it does not attain—at least, in Russian children—the high percentage given by Andrien. Caries of the lesser molars is met with pretty often, but coincides with that of the secondary teeth only very rarely. Toothache in children of four or five years of age is caused, the author says, solely by the dentition of the third molars.

London Smoke.

The weight of the smoke-cloud which daily hangs over London has been estimated by Professor Chandler Roberts, says the *Engineering Times*, to amount to about 50 tons of solid carbon and 250 tons of carbon in the form of hydrocarbon and carbonic-oxide gases. Calculated from the actual result of tests made by the Smoke Abatement Committee, the value of coal wasted in smoke from domestic grates amounts, upon the annual consumption of 5,000,000 of people, to £2,256,500. The cost of cartage on this wasted coal is calculated to be £268,750, while the unnecessary passage of about 1,500,000 horses through the streets in drawing it, adds seriously to the cost of street cleaning and repairing. Then there is the cost of taking away the extra ashes, £43,000 per year. Summing it all up, the direct and indirect cost of waste coal may be set down at £2,600,000, plus the additional loss from the damage done to property caused by the smoky atmosphere, estimated by Mr. Chadwick at £2,000,000, the whole aggregating £4,600,000.

Digestive Tablets.

L'Abeille Médicale, of April 27, 1889, gives the two following "antifermentative" formulas as prescribed by Dr. Dujardin-Beaumetz:

℞ Salicylate of bismuth,
Magnesia,
Bicarbonate of soda, of each 2½ drachms.
Make into thirty powders or tablets.

℞ Salicylate of bismuth,
Naphthol,
Magnesia, of each 2½ drachms.
Make into thirty powders or tablets.

Dose: One tablet at breakfast and one at dinner.

They are said to be especially valuable in dilatation of the stomach caused by fermentation.

Collar Button in the Larynx.

The following case reported by Dr. W. S. Taylor, of Livermore, Cal., in the *Occidental Medical Times*, July, 1889, presents several points of interest, and illustrates the necessity of an autopsy to determine the cause of death in all doubtful or suspicious cases. "On June 9 I was called upon to make a *post-mortem* examination of the body of a Portuguese female child, seven or eight years of age, who had died rather suddenly. The child was apparently perfectly well until half an hour after eating dinner, when, while playing, she was taken suddenly sick with vomiting, convulsions and efforts at coughing. The little patient was hurriedly placed in a wagon and driven rapidly toward town, eight miles distant, but died before reaching it. The body presented a cyanosed appearance, and upon inquiry I learned that she had been playing with some buttons, which at once directed my attention to the air passages. Upon opening the larynx the collar button shown in the accompanying engraving was found, with the small end down, completely obstructing the air passage. From the peculiar shape of the foreign body and its position in the larynx, extraction would have been very difficult, and the urgency of the case would probably have demanded tracheotomy had it been seen in time."

NEWS.

—Dr. F. P. Henry has removed to 1635 Locust St., Philadelphia.

—Dr. Louis Starr has removed to No. 1818 South Rittenhouse Square, Philadelphia.

—G. Edward Johnson, who has been partially insane for several months, stabbed his wife to death in Chicago, September 5.

—It is announced, under date of Sept. 17, that cholera has made its appearance in Bagdad, and the disease is spreading in Western Persia.

—Dr. P. Archinard has been appointed Demonstrator of Microscopical Anatomy and Bacteriology in the Medical Department of Tulane University.

—It is announced, under date of Sept. 17, that enteric fever is epidemic among the soldiers in garrison in Cairo. Several deaths from the disease occur daily.

—Dr. John Weist, of New York, has recently invented a storage battery, and an improved incandescent electric light. He has also a patent for an electrical heater.

—John Schlaepler, who had been removed from a Philadelphia institution for the insane to his brother's house, shot and killed his brother and then himself, at Union Hill, N. J., Sept. 4, 1889.

—Dr. Maurice Perrin, President of the Academy of Medicine of Paris and Inspector General of Health, on the retired list, died August 31, at Vezelise, his native place, at the age of sixty-three years.

—A physician of Kansas City has been arrested for attempting to bribe the Secretary of the State Board of Health. The doctor claims that it is but persecution by parties attempting to evade the payment of a bill.

—Dr. Henry Menninger died at his residence in Brooklyn, New York, Sept. 8, 1889. He was born in 1838. He served in the War of the Rebellion in the ranks and was correspondent of the New York *Tribune*.

—The *Medical Standard*, September, 1889, announces that the attempt to establish in Chicago a "Pasteur Institute," for the treatment of hydrophobia, referred to in an Editorial in the REPORTER, Sept. 21, has failed.

—Professor George H. Cook, LL. D., Ph. D., State Geologist of New Jersey, died at his residence, in New Brunswick, Sept. 22, 1889, from heart failure. He was born in 1817, and was well known to scientific men all over this country.

—Dr. David S. Gloninger died in Philadelphia Sept 13, 1889. He was born 61 years ago in Lebanon county, where his father, John W. Gloninger, M. D., was a noted surgeon, and in 1840 was graduated from the University of Pennsylvania, since which time he had been a resident of this city.

—Rochester has established an Infants' Summer Hospital at Charlotte, on Lake Ontario. Dr. E. M. Moore is President of the Association, and Dr. George W. Goler is the Attending Physician. There are accommodations for twenty children, and any child suffering from intestinal disorder is treated free of charge.

—The American Gynecological Society in session at Boston elected the following officers for the ensuing year: President, Dr. John P. Reynolds; Vice-Presidents, Dr. William Polla and Dr. Eli Van De Warker; Secretary, Dr. Jos. Tabor Johnson; Treasurer, Dr. M. D. Mann. It was voted to hold the next annual meeting in Buffalo.

—Drs. Robert J. Preston and S. W. Dickenson, of Marion, Va., having resigned their positions as members of the State Medical Examining Board of Virginia, the Medical Society of Virginia at its recent session, September, 1889, nominated Dr. R. F. Young, of Love's Mill, and Dr. P. B. Green, of Wytheville, Va., to fill the vacancies.

—Dr. Samuel B. Swavely, a graduate of the Jefferson Medical College in 1877, has been expelled from the Pottstown, Pa., Medical Society for unprofessional conduct. He was charged with selling patent medicines with the aid of minstrel concerts on the street corners, and also with an attempt to persuade a patient to feign sickness and draw payments from an insurance society of which he (Dr. Swavely) was medical examiner.

—The Rev. Samuel M. Hamill, D.D., a well-known educate and for years the Principal of the famous school at Lawrenceville, N. J., died at his home in Trenton of heart disease, Sept. 20, 1889. He was a native of Norristown, Penna , and in 1834 began his career as an educator by teaching Latin and Greek in the Lawrenceville school. He was one of the original members of the New Jersey Historical Society, and also was President of the Board of Managers of the State Lunatic Asylum, and a Trustee of the Theological Seminary at Princeton.

—There is a movement on foot in St. Louis to do away with the dumps which are in use for the disposal of garbage. The refuse matter has fouled the river to a small extent, and it is proposed to desiccate garbage. This method is superior to cremation, as has been demonstrated in Milwaukee, where both methods have been tried. In desiccating, the garbage is passed through a series of drying chambers for about ten hours. Then the oily matter is pressed out, and the resulting dry, brown-colored powder is sold for manure, as it possesses some slight fertilizing powers.

—A case of supposed yellow fever was discovered in Brooklyn, Sept. 18. A sailor on the Alva, from Costa Rica, applied to the Charities Department, saying he was sick and wanted to be sent to a hospital. He was taken to the County Hospital, and after examination the physicians were of opinion that he was suffering from yellow fever. The next day it was learned that the man was suffering simply with bilious fever. The Hindoo, from which a man died at Quarantine of a disease called yellow fever, was at the same time at Atlantic Docks, Brooklyn, but her captain was not permitted to unload her cargo, although she was fumigated on that day by the health authorities.

HUMOR.

"A CALIFORNIA BLACKSMITH is dangerously ill with glanders, contracted while shoeing a horse." And a Pennsylvania woman is suffering from a sprained ankle, contracted while "shooing" a hen. There seems to be fatality about this shoeing business.

"CHANGE OF CLIMATE is what you need," said the high-priced physician, after he had listened to all the details of the patient's case. "Change of climate!" exclaimed the patient in surprise. "Why, man alive, I've never had anything else. I've lived right here in New England all my life."—*Christian Register.*

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CLINICAL LECTURE.

OOPHORECTOMY FOR PAINFUL MENORRHAGIA: UTERINE FIBROIDS.

BY WILLIAM GOODELL, M. D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

The first patient I bring before you is a woman upon whom I considered myself driven to operate by a multiplicity of circumstances. She had been under observation many months, and during this time had lost flesh. She was suffering from menorrhagia, and, at the same time, from great pain in both ovaries. Moreover, her temperature rises in the afternoon to 99.5° F., and this points without any accessible explanation to the collection of pus somewhere. To account for these conditions her history affords these data: Firstly, when she was young, she had scarlet fever. This sometimes affects the ovaries; but it was not thought that it did in her case, both from her extreme youth and because she had since married at the age of seventeen, and had borne five children at term and in natural labor. This shows that at least one ovary must be healthy. The second explanation is a small tear in the cervix (which examination reveals). This was successfully operated upon by Dr. Wm. Constantine Goodell, who also curetted her at the same time. The menorrhagia was decidedly improved after the operation; but the pains in the ovaries still continued. The next explanation that was thought of was a small fibroid tumor in the uterine wall; but this hardly explains the severe and constant pain from which she suffers. The two troubles then for which she now seeks relief are menorrhagia and pain in the ovaries. She has exhibited from the first great pluck in being not only willing, but desirous to have any operation, even oöphorectomy performed, if it holds out to her any hopes of relief. The removal of the ovaries, of course, accomplishes the former object directly, and the latter indirectly by lessening the flow of blood to the uterus. The dangers and objections of the operation were explained to her, and the fact that in four years her menstruation would cease was also laid before her. She said she was poor and must work, and this is a factor that must always be borne in mind in considering whether to operate or not. While the woman is being put under the influence of chloroform by the use of the Bellows injection, by means of which from one to one and a half minims of the anæsthetic is taken in at each inspiration, let me remark to the class that the last thirty-five cases upon which I have performed this operation have been successful. The patient being now thoroughly under the anæsthetic, the operation is begun. An incision is first made down through the skin, superficial fascia, fat, conjoined tendon, and præperitoneal fat. Then all bleeding having been stopped, the peritoneum is divided. The womb has on it only the small fibroid. The right ovary is bound down by adhesions, but otherwise looks well; yet, with the history of the case and the fact that she is poor, we feel justified in removing it. If she were rich and could afford to wait, and resort to massage, blistering and medicines, it would be advised to tide her over this period of four years, until her menopause is established. This ovary being removed, the pedicle button is examined, in order to be certain that it is sufficiently large. The left ovary is now examined and found not so large nor so bound down. The tube is followed out in order to find it.

My friend Dr. Johnson, of Danville, Ky., has found a plexus of nerves at the root of the tube close to the womb, which, he believes, presides over menstruation. And he is inclined to think that it is owing to the neglect of the operator to remove this plexus that menstruation is sometimes kept up after the extirpation of the tubes and ovaries. While I cannot accept this opinion in all its fullness, yet I deem it advisable to cut the tube as close to the womb as possible, so as to get rid of the appendages in their totality. A fresh sponge is now introduced and the stitches put in, embracing so much tissue as to get the edges of the tendon in apposition. With these precautions a ventral hernia is less likely to occur. In my experience hernia is more liable to occur in fat women, and in them it may be well to sew the edges of the peritoneum and of the tendon each with a buried suture of catgut, in addition to the ordinary deep silk sutures. A drainage-tube weakens the cicatrix, and it is, therefore, also a cause of hernia. Pain from a uterine fibroid is not generally great, though great suffering does sometimes come from pressure upon nerves. It is not often that I have to remove the ovaries for this symptom of a fibroid. Usually it is the hemorrhage that calls for the operation.

The usual dressing is now applied. First over the wound, which is now tightly closed, is sprinkled some iodoform. Next comes the iodoform gauze, then the carbolic acid gauze. Over this is placed the baked cotton, which is secured in position by the flannel bandage passed around the body. Only the right ovary was enlarged or had any adhesions, and no blood was lost, consequently there will no oozing. For these lesions no drainage-tube is introduced.

The after-treatment will be the same as usual. For twenty-four hours she is to have nothing by the mouth, because this would favor vomiting and peristalsis. If there be danger of collapse, she is to have hypodermics of medicines and nutrient enemata, and possibly whiskey by the mouth. No opium is given, because it arrests secretion and favors flatus.

The next case brought before you is that of this woman, who has been in the Hospital for chronic malarial poisoning. She is under the care of Dr. Osler, who has asked me to examine her, to find out precisely the condition of the uterus. Her principal symptom is that she has much bleeding at the time of her menstruation, from which cause she is very anemic. She is white, forty-three years old, a poor, hardworking woman, and she has had four children, the last one born eighteen years ago, so that she is, at present, practically sterile. Her menstruation comes at the first of the month, she loses a great deal and sometimes has to bear down in order to expel the clots. While at this point, I would mention that fibroid tumors are most common in women who have never borne children or who have ceased to conceive, after giving birth to one or two children. Consequently they are found most often in old maids and in women who are using preventive measures. They are seldom seen in white women under the age of thirty-five, though we have seen one in a woman as young as twenty-six. The colored race is peculiarly liable to have them and black girls, yet in their teens, may suffer from them. These tumors occur in three positions of the uterine wall, and are classified accordingly from the uterine layer that they occupy. They are—from within outward—submucous, interstitial and subperitoneal. The different kinds shade more or less into one another. Thus, it is rare to find an interstitial tumor that does not encroach more or less upon the sub-peritoneal or mucous membrane. Accordingly as the former or latter is the case, it will be found more or less predominantly characterized respectively by the symptom of pain or bleeding. Any growth, appearing after the menopause, is most liable to be malignant. This woman shows also an instance of the most perfect development of the *lineæ albicantes* that I have ever seen. They are usually caused by pregnancy, and are so caused in this case; because the tumor is not large enough to distend the abdominal wall. In addition to the two symptoms of the comparative absence of uterine pain, and the presence of severe bleeding, it is found on measuring her uterus, that it has a depth of six inches and is bent at right angles to the cervix. It is concluded from these three facts that this is a submucous fibroid tumor. The treatment will consist in dilating the os thoroughly with sponge or laminaria tents. Then when the cervix is sufficiently dilated, three or four fingers are introduced, and the tumor then enucleated, if possible, from its bed. If the enclosing capsule is too hard, it is incised with an Adams's subcutaneous saw, and the tumor then drawn out by means of a volsella forceps. If this could not be done, the question of supra-vaginal hysterectomy would come up.

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—The site for the zoological garden in Washington has been selected. It comprises about one hundred and fifty acres to the northwest of the city, about two miles from the White House, along the banks of Rock Creek, and is said to be in every way well adapted for its purpose. Before next winter the necessary arrangements will probably be so far advanced that the animals now housed in the grounds of the Smithsonian Institution can be removed to their new quarters.

COMMUNICATIONS.

A PLEA FOR CREMATION.

BY D. M. SKINNER, M. D.,
NEWARK, N. J.

Ever since the death of the first man, the question: How should the bodies of the dead be disposed of? has been one of increasing importance, and I think none will dispute the fact, that to-day it is one of the most important subjects we have to deal with. The methods in use among the different nations and tribes of men, have been so varied as to excite our curiosity. It would be difficult in many instances to find suitable reasons for their adoption. The mortuary fancies of some people have been exceedingly strange. The Sindians buried with each of their dead warriors as many fishes as he had slain enemies. The Parsees expose their dead to be devoured by birds or beasts of prey, from a superstitious fear of polluting by their contact the three sacred elements, water, earth, and fire. Some savages hang them in baskets upon trees. The Orinocos suspend them in a running stream till the fishes have picked the flesh from their bones, the skeletons being then interred. The natives of Lower Murray in Australia convert the skulls of their deceased friends into drinking cups. The ancient Balerians chopped up their dead and potted them; the Calatians ate them; the Bactrians gave them to dogs kept for the purpose, which is said to be the acme of mortuary piety at the present day among the Thibetans, who maintain a sacred race of puppies for the purpose. The Pontines dried the heads of their relatives; the Coans pulverized their ashes in a mortar and scattered them in the sea. The ancient Greeks burned their dead; the Egyptians embalmed them; the Peruvians dried them in the air; and the Jews buried them in the earth or in sepulchres. Quaint old Sir Thomas Browne, an eminent physician of the 18th century, in his "Hydriotaphia, or urn burial," wherein he discourses concerning a large number of urns containing charred human remains, discovered in excavating a portion of English soil, thus philosophizes: "Now all customs were founded upon some bottom of reason, so these wanted not grounds for this: according to several apprehensions of the most rational dissolution. Some being of the opinion of Thales, that water was the original of all things, thought it most equal to submit unto the principle of putrefaction and conclude in a moist relentment; others conceived it most natural to end in fire, as due unto the master principle in the composition according to the doctrine of Heraclitus, and therefore heaped up large piles, the more actively to waft them toward that element whereby they also declined a visible degeneration into worms, and a lasting parcell of their decomposition." Darius Hystaspes, of whom Herodotus relates many anecdotes, showing him to be of a philosophical turn of mind, once asked certain Greeks how large a sum would induce them to eat the bodies of their parents. When the Greeks declared themselves incorruptible the monarch called in some Calatian Indians and inquired of them on what terms they would submit the bodies of their parents to the Hellenic rite of cremation? The disgust of the Indians, Herodotus says, surpassed that of the Greeks; and with tears, they begged the King to inform them, why they had been thought so deficient in the veneration due to these hallowed remains, as to do anything with them but eat them.

The mortuary customs of all nations, civilized and uncivilized, have been chiefly founded upon religious sentiment or superstition. Prior to the Christian era, cremation prevailed throughout the civilized world, except among the Jews; and since that time, with the spread of Christianity, the system of burial which existed among the Jewish people has largely superseded that of cremation. An examination into the reasons for the practice of inhumation reveals the fact that in many instances it had its birth in a desire to give the Spirit of the dead satisfactory rest. If a body was not buried, its spirit would wander hither and thither demanding its due; and to ensure the safety of repose, the Chinese corpse is frequently re-interred. So closely are body and soul linked together in aboriginal thought, that a warrior's tomahawk, an Indian father's household goods, even meals, and—in at least one tribe—tooth picks, are buried with the body, for use in post-terrestrial life. Here is diversity certainly; but it is plain that, with all this variety, there has entered into none of these methods even a vague idea of the importance of sanitation in the disposal of the dead.

The precautions which the early Greeks and Romans instituted, show that they apprehended somewhat, the dangers of intramural interment. Plato laid down rules, forbidding burial in fields used for the cultivation of crops, and we learn from Roman history that in the early days, none but the Vestals were permitted interment within the City walls. The early Christians, no doubt influenced by the example of the Master, who was "dead and buried," but who also "rose from the dead," and who believed that they would in like manner rise, practiced earth burial from the first. By this time cremation had become customary in Rome; and it was perhaps the desire to distinguish between what was deemed a heathen and what was regarded as a Christian practice, that gave an additional force to the usage of the Church. The advancement of Science, especially the development of what is termed the germ theory of disease, coupled with the rapid growth of population, and the overcrowding of cemeteries in the heart of large cities, make the question of how shall we dispose of the dead in these days, an urgent and pressing one. It is a question for the living, and it is not a question of religious belief or sentiment, but preeminently one of sanitation and of protection to the living. After death, changes occur in the tissues of the human body which make a speedy removal of it a supreme necessity. If it be buried in the earth, the gases of decomposition permeate the soil and the surrounding air, spreading death and destruction. Diseases grow and propagate in the warmth and moisture of graveyards.

I shall make no apology for thrusting this subject upon your attention; for, using the words of Sir Thomas Browne in his introductory letter to "Hydriotaphia," before referred to: "To preserve the living and make the dead to live, to keep men out of their urns, and discourse of human fragments in them, is not impertinent unto our profession; whose study is life and death, who daily behold examples of mortality and of all men least need artificial mementos, or coffins by our bedside to remind us of our graves." The records of the past are full of lessons, showing the importance of adopting some other way of disposing of the dead than that of burial in the earth. The Plague of Modena, in 1828, was caused by the excavation of ground used 300 years previously for interment of bodies dead from that disease. The Plague in Egypt in 1823 was the result of the re-opening of a graveyard many years disused. Cholera in London, in 1854, was greatly aggravated by cutting a viaduct through an old burial ground. A recent epidemic of scarlet fever in the vicinity of an English churchyard led to the discovery that the bodies of those who had died from a scarlatina outbreak some thirty years previously, were buried in these grounds. Dr. Domingo Freire, of Rio de Janeiro, has established the fact that cemeteries and graveyards serve largely as breeding grounds for the germ of yellow fever. Dr. Lyon Playfair of London writes: "I have examined various churchyards and burial grounds, for the purpose of ascertaining whether the layer of earth above the bodies is sufficient to absorb the putrid gases evolved. The slightest inspection shows that they are not thoroughly absorbed by the soil lying over the bodies. I know several churchyards where the most fetid odors are emitted from the sides of sewers passing in the vicinity, although they may be more than thirty feet away from them." Sir Henry Thompson says: "Thousands of human lives have been cut short by the poison of slowly decaying and oftentimes diseased animal matter. The graveyard pollution has probably found a victim in some social circle known to more than one who may chance to read this, and I need hardly add, that in times of pestilence its continuance has often been due mainly to the poisonous influence of the buried dead."

There is no necessity, it seems to me, to bring further proof that our present mode of burial beneath the soil is full of danger to the living. In this age of rapid development, while we boast of our achievements in the line of preventive medicine, when every town and hamlet has its Health Board, when an intelligent application of sanitary law enters into the construction of our homes, the character of our clothing, and the food we eat, shall we remain indifferent to the fact, that, under a false notion of honoring our dead, we permit their putrefying bodies to remain, a constant menance to the living? If then, the premise is correct, that inhumation is fraught with danger to the living, it becomes us as scientific men, upon whom a grave responsibility is resting, to raise our voices and vigorously set to work to procure its entire abolition.

In what way, then, shall we dispose of the dead with entire safety to the living, while we fail not in that respect and affection to which the remains of those who have been near and dear to us are entitled? I answer that cremation offers a complete solution to this question. Many other methods have been proposed by those who have been interested in the subject. Dr. John M. Peacock, of Brooklyn, in an exceedingly able and elaborate paper on this subject read before the Kings County Medical Society last April refers to the process of desiccation, which is just now being urged upon public attention by an incorporated company entitled The New Mansoleum Co., having its office in New York City. Desiccation as a means of preserving the bodies of the dead has long been in use among the Peruvians. The high altitude of many of the cities of Peru is exceedingly favorable for this purpose; and many instances are related of animals who have died by the wayside, and been found months afterwards in an entire condition, not corrupted, but completely dried. The modern process of desiccation is worthy of consideration and possesses many features which will recommend it to those whose prejudices against cremation are not easily overcome.

In this matter let us follow nature with the aid of all the light which Science affords. The naturally slow and disagreeable process of decomposition is infinitely slower and more repulsive than one we can substitute without offense to the living. Cremation was the practice of the civilized world in ancient times, except in Egypt, India and China. It is said that in Greece only suicides, unteethed children and persons struck by lightning were denied the right to be burned. Even the Jews used cremation in the valley of Tophet when a plague came, and the modern Jews of Berlin and the Spanish and Portuguese Jews at Mile-End Cemetery in England have been among the first to welcome the lately revived process of cremation.

In the consideration of this subject we have to encounter the prejudices of custom founded upon the long cherished superstition connecting the remains of our dead in some ill-defined way with the precious doctrines of our religion. I think there is little doubt that the influence of Christianity in continuing the practice of burial in the earth, is due largely to the belief in the resurrection of the body; and yet a moment's reflection will satisfy any one of the absurdity of the view that this doctrine, so dear to every Christian, has any bearing whatever upon the subject. The *Christian Intelligencer* of a recent date, in one of its

Editorials made use of these words: "The vitality of a superstition is something prodigious; faith in the truth is often shaken, but faith in a delusion seems altogether insuperable." So it would seem that Christian people have pertinaciously adhered to the idea that the body which we commit to the earth is to rise again, in the face of the well-known fact that it is decomposed and becomes food for worms, forgetting the real truth that the body which shall rise in the great day of Resurrection, will be a spiritual and not a natural body. The Bishop of Manchester, England, in March, 1875, took occasion to strongly admonish his hearers to dissociate the Resurrection from physical conditions. Probably no people have displayed greater veneration for the dead than the ancient Egyptians, who in order to preserve the bodies of deceased friends and relatives, subjected them to an expensive method of embalming. But, what has been the result? Few, if any, of those great monarchs, who were subjected to this process, now lie in the massive sarcophagi in which they were placed. Many of them have either disappeared entirely, or graced the walls of some museum or hall of science, and are preserved by alien hands, simply as objects of curiosity. Among those nations like our own who bury their dead beneath the soil, how often does the growth of cities and towns render the necessity for disturbing the remains of the buried dead imperative, as in the recent case of the old burying ground in this city—not to mention the uncertainty which always exists, lest some sacrilegious body-snatcher may have disposed already of the bodies of those whom we have carefully laid away with every display of affection and regard.

Let us bear in mind that in urging the adoption of cremation as a substitute for the present system of burial, it is not the cremation of ancient times, which, even among the enlightened and polished Greeks, was crude, expensive and in many ways offensive to sensitive persons. The modern revival of this subject began in 1869, when, at the International Medical Congress held at Florence, Italy, Professors Coletti and Castiglioni presented, in the name of Public Health and Civilization, a resolution, which was passed, recommending that every means be taken to obtain legally the incineration of the bodies of the dead, instead of their inhumation. At the Medical Congress held at Rome in 1871 a similar resolution was passed. Interest in the subject became widespread in Italy and extended to other countries. In 1873, Professor Maggiorani succeeded in inserting in the new sanitary code for the kingdom of Italy permission for families to adopt the process of cremation, having first obtained consent of the Superior Council of Health. In the meantime interest in the subject had extended over Germany, England and America, until there are now cremation societies in almost every civilized nation, actively urging the adoption of this method. Crematories have been erected in many parts of Europe and America, furnished with the most approved arrangements.

The Siemens regenerative furnace, introduced by Reclam of Leipsig, is the most effective and satisfactory to the bereaved. Before the friends assemble, the body is lowered into a space containing only air heated to a white heat, in which it burns odorless and the ash alone remains. Heated air only escapes; there is neither vapor nor smoke, the combustion being so perfect. The temperature in the furnace is about 3,000° centigrade. The following description of the process of cremation, written by one who had been opposed to the process, may not be uninteresting: "A furnace fire is built and kept burning for twenty or thirty hours before the cremation is to take place. Immediately above the fire is placed in a horizontal position a cylinder of clay, called the incinerator, three feet in diameter by seven feet long. This fire clay incinerator, the walls of which are from one to two inches thick, receives to itself the intense heat of the fire below, but does not admit the flames; the consequence is, that the body when placed in the incinerator is not in a proper sense of the word burned. It is reduced to ashes by the chemical application of intense heat. Gases are driven off, and being carried down into the fire from the incinerator, and led back and forth, twenty-five feet through its flames are utterly consumed. Even the smoke is consumed and nothing can be seen issuing from the chimney but the quiver of the heat. The process might be called, as we have said, the spiritualization of the body; the etherealization or sublimation of the material parts. When the incinerator has been raised to a white heat, it is ready for the reception of the remains. As the cover is removed from its mouth, the inrushing air cools it from a white to a red heat, and the whole inner surface is filled with a beautiful rosy light, which is fascinating to the eye. It looks like the blush of dawn upon the sky, or like the exquisite tints which sometimes flicker along the Aurora Borealis.

"There is nothing repulsive about it and nothing, as has been said, to suggest the idea of fire, except the intense heat. The body being decently clad as for burial, and tenderly laid in the crib provided for the purpose, is wholly covered with a clean white sheet which has been dipped into a solution of alum. The effect of this is entirely to prevent smoke, or fumes, or flame, which would otherwise arise from putting anything inflammable into the midst of such a heat; but under its protection even the extraordinary heat of the incinerator does not produce upon the body the appearance of scorching or smoking, or anything of the sort.

"There is no such impression as that of burning made upon the eye. The sheet saturated with alum retains its original position over the crib, and conceals the entire form until nothing but the bones are left; and when the eye first rests upon the remains after they are left in the rosy light of the cylinder, it seems nothing but these bones gently crumbling away into dust under the mystic touch of an invisible agent whose only appearance to the eye is like the radiation of heat from the earth beneath the summer's sun.

"You have laid a white-robed form within the rosy cylinder, and have turned away to think with gratitude that all is well; you have let your imagination dwell lovingly upon the pleasing sentiment, that whatever may be left beside the calcined bones, most pure and clean, has gone to mingle with the upper air and dwell with sunshine, birds, and flowers. The darkness and dampness of the earth have been escaped, and so have the perils of grave-snatching, the indecencies of a possible dissecting-room, and the nameless horrors of putrefaction. You have pleasant memories to cherish, of the 'last sad hour,' which, instead of breathless darkness, and the 'narrow house,' and the dreadful thud of falling earth upon the coffin, presents to mind a lovely bed of rosy light and a peaceful form clad in virgin purity, resting within its soft embrace."

Religious services during the process of cremation may be held, with just as much impressiveness and just as much heartfelt fervor as in the case of earth burial. The believer, then, after providing for the safety of his soul, with a fixed faith in God's promises, and an earnest assurance of the final resurrection, in the knowledge that his dead body may harm no living one, and that this world belongs to the living and not the dead—the believer may commit his earthly part into the hands of those, who, instead of allowing it to become a loathsome breeding ground for worms, will change it into a semblance of the soul, which has perhaps already put on the white garment of immortality.

ANTISEPTICS IN NORMAL LABOR.

BY WM. F. MITCHELL, M. D.,
ADDISON, PA.

An interesting paper on the above subject, by Dr. G. W. H. Kemper, of Muncie, Ind., appeared in the REPORTER, June 22, 1889. In nine hundred cases of labor he has not employed antiseptics in a single instance. I have been in practice as long as he—twenty-four years—and, while I have not had as many cases—something over seven hundred to his nine hundred—my experience has been almost identical, so far as antiseptics are concerned, although I have never used forceps at all. I got myself into somewhat of a controversy a few years ago, through the columns of the REPORTER, because of a paper on the subject.

Unlike Dr. Kemper, I have never refused to attend an obstetrical case, no matter whether I had been treating erysipelas, scarlet fever, measles, diphtheria, or any disease common in this locality. A physician should always have "clean hands," and, as Dr. Kemper says: "I have never administered, nor caused to be administered, to any woman, any of the popular antiseptic remedies before or after parturition." As stated in my article some years ago, I have lost but one woman; and she was confined prematurely, and, under all the circumstances, could not have been expected to live. I have had all the usual variety of presentations: head, face (once), breech, footlings, etc. Last year, in a month or two I performed podalic version twice, the last time on an enormous hydrocephalic child, with a large umbilical tumor, the size of a large teacup; but I had no trouble whatever with the mothers, so far as after treatment was concerned.

I believe the experience of a great majority of country physicians will correspond with that of Dr. Kemper and my own; and it seems improbable that any country physician would exaggerate his successes. On the contrary, I am confident, from my own experience, and from what I know of my brother practitioners, that the alleged mortality of 17 per cent. in private practice, spoken of with apparent approval by Englemann, is beyond reason, and against light and knowledge.

I believe *one-half of one per cent.* would be too large a figure. Facts are stubborn things; and, no matter what Dr. Garrigues—as quoted by Dr. Kemper—may think, the statistics of country practice prove directly the contrary of what he states.

A country doctor may be called to-day to attend a case of obstetrics in the mansion of a rich farmer or resident of the town, and to-morrow at the house of a plebeian, whose wealth consists of a lot of shock-headed children, and whose dwelling is little larger than "8 by 10," where cooking, eating, sleeping and all else are done in the same room, where the servant-girl is nurse, cook and chambermaid. The surroundings would be, apparently, of the very worst; and yet the country doctor would expect—and his expectations rarely come to grief—such a patient to get along as well as her more favored sister.

In the great majority of cases the country doctor knows nothing of the case until some day, or oftener some dark, cold or rainy night, when he is aroused, with the injunction to make haste, as he is needed at such a place. Times without number have I had some such expression used to me as Dr. Kemper speaks of: "Hurry in here, Doctor, this woman needs you quick."

A great many times, after a long ride or drive, the child will be found born; but the old women present will give the cheerful intelligence, in presence of the patient, that the "after-birth is grown fast," and there still remains something for the doctor to do. In such cases the use of antiseptics would be impossible, and usually unnecessary, either before or after labor. As Dr. Hiram Corson has so well said, labor is a physiological process, and the less such a process is interfered with, the better for the patient.

After all, perhaps, antisepsis is only another name for cleanliness; and, as long as a physician keeps his person and hands scrupulously clean, the danger of any woman becoming infected from him is very slight indeed. A country doctor is liable at any time to be called to amputate a limb, or to adjust a fracture, or to sew up a lacerated wound filled with filth of all sorts: saw-dust, leaves, sand, powder, etc., where antisepsis is impossible; yet he proceeds as best he can, and with almost invariable success.

I entirely agree with Dr. Kemper in his conclusions, and am glad his paper has been published, as well for the information it contains, as for the probability that other practitioners may be heard from on the same subject.

ACUTE MIDDLE EAR DISEASE IN GENERAL PRACTICE.

BY THERON Y. SUTPHEN, M. D.,

NEWARK, N. J.

The differential diagnosis and treatment of acute middle ear trouble is a matter less considered by the general practitioner than it should be. No doubt this is due, in a measure, to the dependence which is placed upon the specialist—a very natural error, but one so serious that attention should be called to it whenever the opportunity occurs. This is my apology for presenting a paper devoid of statistics, yet having conclusions arrived at in a general way from a rather extended clinical experience. It is my desire not so much to present anything new, as to call out some of the practical facts in regard to the recognition of the more common affections of the middle ear and their treatment.

By far the greater number of middle ear cases never reach the specialist, as they are transient, lasting only a few hours, and are often associated with inflammation of the pharynx or the diseases incident to childhood. It is very proper, therefore, that the general physician should be familiar with the simple means of examining the ear, and with the normal appearance of the external auditory canal and drum head. Four instruments are all that are necessary to equip a medical man for a rational examination and treatment. They are inexpensive and can be employed with satisfaction after a very little experience. They are: a forehead mirror, which can be used as well in inspections of the pharynx and larynx; one medium sized ear speculum, preferably of silver; a one or two ounce hard-rubber ear syringe; and a Politzer bag. The treatment of chronic otorrhœa, with its sequellæ, such as granulations, polypi and the like, falls more properly to the lot of the specialist, who is supposed to have experience and suitable means of treatment. With the earaches of childhood, acute catarrhal inflammations of the middle ear and Eustachian tube, and acute suppuration, the general practitioner has much to do. Physicians make a mistake in not frequenting the clinic room, where they can obtain useful points in diagnosis and treatment, and thus prepare themselves for inevitable emergencies.

Among the more frequent causes of middle ear trouble we find colds in the head, as they are called, and other acute catarrhal conditions of the pharynx, while tonsillitis, especially of the hypertrophic form, plays an important part in their production. The more serious cases occur in the course of the exanthemata, and generally end in suppuration of the tympanic cavity with perforation of the drum head, while occasionally the inflammation becomes so extensive as to involve the periosteum of the temporal bone with accumulation of pus beneath this membrane, requiring surgical interference. Or the mastoid cells may be so invaded as to produce serious trouble in that cavity. Among the symptoms, pain is the most constant and suggestive, although no doubt deafness exists prior to this, but attention is not called to it. There may be more or less febrile disturbance, although this condition is frequently absent, especially in the sudden closure of the Eustachian tube, from collapse of its walls, the presence of thick mucus, or pressure. It may occur later if a true inflammation ensues. We may find evidence of an otitis externa, shown by the patient shrinking from pressure at the root of the auricle. In that form of the disease so generally classed as "children's earache" the pain must be intense, as there is such excessive distension of the drum head; but fortunately the suffering generally does not last long, as the accumulation quickly finds its way through the Eustachian tube into the pharynx, or bursts through the membrane, and escapes outward—this being followed, of course, by relief. In many of these cases the advent of the trouble is sudden and unexpected, occurring frequently at night, and no opportunity is had for an inspection of the drum head. But, if seen, the membrane appears greatly distended—afterward the evidences of the trouble is found in a redness of the periphery of the membrane extending to the handle of the malleus, which appears markedly prominent, the drum head being very concave. Sometimes upon its surface are found small clots, due to rupture of the overdistended vessels. If the trouble does not subside quickly, the pain becomes more intense and lancinating in character, the deafness complete, with generally a decided rise in temperature. At this stage on inspection the membrane is found red and swollen, with a decided bulging outward—so much so as frequently to shorten the depth of the external canal in a marked degree—while the redness and swelling spreads over the adjacent wall. If there is any fluid in the external canal, a distinct pulsation will be seen in the depth of the ear. Even at this stage pain may last but a few hours, and the inflammation subside without a perforation, and this be followed by speedy return to normal hearing. But this is not frequent, and in other and more serious cases the pain lasts several days, and the muco-purulent secretion assumes a purulent character, and finally bursts through the tympanic membrane, leaving the ear in a bad condition for a recuperative process, on account of the length of the pressure within its walls, the more or less involvement of the mastoid, and the exhaustion of the patient. The presence of pus in the external canal is sufficient evidence of perforation having occurred. The symptoms as a class are not misleading: Pain, lancinating, deep in the ear and seeming to extend downward into the throat, with more or less sudden impairment of hearing, and more or less febrile disturbance. Pain, from a furuncle in the external canal, impacted cerumen, or a diseased tooth, may be mistaken for middle ear pain. The matter can quickly be settled by an examination with the mirror and speculum and inspection of the teeth.

The majority of acute cases recover without any care from a physician, while some go on to a serious termination. This latter fact is sufficient, it seems to me, to cause every earache to attract careful attention.

Whenever we have diseases to treat in which there are throat complications, no physician should forget the possibility of ear trouble arising. In such cases we should use remedies that will soothe the mucous membrane and gently remove accumulations of mucus from the vault of the pharynx. Care should be taken to keep the ears warm—not tied up, but protected from drafts of cold air. A sudden chill or abrupt checking of perspiration will often start an earache. Ill-ventilated rooms are another source of danger, and anything which will bring about spasms of sneezing and coughing may force mucus into the Eustachian tube, and mechanically plug this passage. These and similar causes serve to give us the initial step towards what may prove to be a very serious illness. It is the province of the physician to guard against these possible sources of danger, to care for the upper air passages, the condition of the skin, and personally to look after ventilation, etc.

Where ear trouble is likely to occur we should give instructions how best to relieve pain should an emergency arise. Nothing will give relief so quickly as warm applications. Water as warm as the ear will stand should be frequently instilled, the head being turned upon the opposite side. This should be renewed every few minutes, while a flannel cloth dipped in hot water may be placed directly over the auricle, to retain the heat.

Occasionally moist heat is intolerable to patients, especially to children, and dry heat in some form must be substituted. Dry, hot flannel cloths, quickly transferred to the ear, little bags containing hops, bran, salt or other substance, can be heated and applied over the auricle; or a brick made hot and wrapped with flannel may be used. The smoke from a cigar blown into the external canal has relieved many an earache. Perhaps the neatest appliance is a rubber bag of hot water laid against the ear. I might enumerate the old remedies—like laudanum and sweet oil, the centre of a roasted onion, breathing in the ear, and many others; but they have one and the same object, heat. Perspiration should be encouraged as much as possible; and, if necessary, an opiate should be administered—small doses of Dover's powder being preferable for children. Enough should be given to free the patient from pain; for as a rule the acute symptoms are soon past, and nothing farther will be heard about the ears.

Assuming that the trouble is not so transient, we have more serious matter to contend with, and a thorough inspection of the ear should be made. If the tympanic membrane is found swollen and red there can be no reasonable doubt that suppuration has taken place and that perforation may follow. The exceptional cases, in which perforation does not occur, are not sufficiently numerous to excuse any neglect on the part of the medical attendant, and the most active measures should be taken for the patient's relief. I have for years prescribed a solution of morphine and atropine—four grains of the former and two of the latter in one ounce of water—to be instilled as eardrops, as hot as the ear would stand it; and many times I have found that it afforded great relief at this stage. Cocaine is of no benefit whatever before perforation takes place. As a rule the pain will continue until the fluid escapes, either by surgical puncture or by spontaneous rupture; and all that can be done until that occurs is to administer anodynes, and, possibly, to apply a poultice over the ear. The poultice is considered more or less dangerous, inasmuch as it seems to encourage a diffusion of the inflammation and in this way invasion of the mastoid; but among my own patients the application of a poultice over the ear, resorted to by themselves after all my remedies had been tried in vain, has often given them magical relief; and I do not prohibit the use of this remedy half as much now as I formerly did. In fact, I would not be long in using it in my own case were I suffering this severe pain and could find but small relief in other remedies.

Right here arises the question of paracentesis or waiting for spontaneous rupture of the tympanic membrane.

There are advantages and disadvantages about this operation. It certainly relieves pain, as a rule, very quickly, but it is difficult to perform with children, and besides cases will frequently occur when it has to be repeated, on account of the puncture closing before the suppuration has been thoroughly established through it. Unless it is repeated, closure is followed by perforation accompanied with as much pain and disturbance as though the tympanum had not been opened. Experience has taught me that in the majority of middle ear suppurations occurring in childhood it is better to relieve the pain as much as possible by medication, and to await the natural perforation. In adults it is wiser to puncture the membrane—always, of course, in the most protruding portion of the drum membrane downwards and posteriorly—as soon as the purulent stage has arrived, or even earlier, and if the opening closes to repeat the paracentesis. Just what is the reason I cannot say, but children seem to tolerate the entire course of middle ear suppuration with less danger of mastoid complication than adults. The procedure of paracentesis is extremely simple—merely the thrusting of a lance-shaped needle into the most conspicuously protruding portion of the distended membrane. But it is not to be done carelessly, or to be undertaken by one without some little experience.

The care of the ear after perforation has taken place consists chiefly in thorough cleansing without violence. During the first four or five days the ear should not be syringed at all, but warm water may be poured into the external canal with the head turned to the opposite side. After the water has remained a few moments the head is to be turned over and the water made to flow out. This should be done often during the day, so as to keep the external canal free from discharge. Should this be very profuse and thick, it *may* be necessary once a day to gently syringe the external canal, but this will be only in exceptional cases, and should be done with the greatest gentleness, as the act of syringing will often irritate the passage and add to the already severe inflammation. If there should be swelling in the region of the mastoid, this can be benefited by the application of hot wet cloths. After the more acute symptoms have subsided—say in the course of five or six days—the ear must be thoroughly and gently syringed with clean warm water, two or three times a day, and this should be continued until the ear is well or becomes intolerant of it, when, of course, the syringing should cease, and the external canal be cleansed, as in the earlier stages. I think nothing can be added to the warm water which will be beneficial. Many men carbolize the water or add a small quantity of boric acid, common salt, or bichloride to it; but I have never found this at all necessary or advantageous in the acute forms. As to astringent solutions, I have almost entirely abandoned their use. Nitrate of silver I have ceased to use in all acute cases. If the discharge is offensive in odor, it is merely because the ear is not kept clean, and not because it needs carbolic acid, boric acid, or the bichloride. The Politzer bag is one of our most effectual modes of treatment. In the acute and transient forms of middle ear catarrh, when the tympanic cavity is not distended with mucus, when there are occasional repeated attacks of pain, inflation of the middle ear is of decided benefit. It should be done gently but thoroughly, so that the patient can recognize the full distension of the tympanum. It should show its effect by changing the shape and appearance of the drum head. Care should be taken not to inflate the ear so violently as to give pain, or to over-distend the middle ear cavity while the Eustachian tube is so swollen as to prevent an easy escape of the air into the pharynx. The Politzer bag should never be used while the middle ear is distended with pus, or in the first few days following perforation; but it is useful again after the acute inflammation is past, and should be employed every day or two after syringing the ear, as it serves to force discharge through the perforation which otherwise might accumulate. When the perforation is about healing, and the suppuration is subsiding, it is best to omit inflation for a few days; but it should be resorted to again later to prevent the formation of adhesions between the membrane and the promontory. This will greatly add to the chances of ultimate good hearing.

A word as to boric acid. This is one of the most useful remedies we possess for chronic middle ear suppuration; but it should not be used during an acute inflammatory process, especially dry, as it frequently plugs up the exit for the discharge, after which pain and inflammation come back with renewed vigor.

In conclusion I would summarize as follows: Be on the alert for ear trouble in affections of the pharynx, and in the diseases of childhood. Do not slight any earache. Be ready to inspect the ear in any case, and to diagnosticate approaching suppuration. Use soothing remedies locally, and anodynes internally for pain. Avoid the poultice if possible. Avoid the use of the syringe during the first few days following perforation, but always keep the external canal well cleansed and the ear warm. Use the Politzer bag with discretion in all cases except during the first and suppurative stage, and for the first days thereafter, and never discharge a patient until satisfied that the cure is complete.

963 Broad street.

—In the treatment of amenorrhœa, Rokitanski, of Vienna, gives a dessertspoonful of dialized iron twice or thrice daily, diluted with an equal volume of canella water.

CASE OF ACONITE POISONING.—RECOVERY.

BY CLARA T. DERCUM, M. D.,
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On March 26, 1889, I was suddenly summoned to a well-developed and apparently healthy woman, 36 years old. The patient was lying upon a bed, and was violently resisting the efforts of her friends to administer an emetic. Her pulse was full and strong, and beating one hundred per minute. Consciousness was unimpaired. She talked freely, stating that she had taken aconite, and would take nothing to prevent death. My first impression upon seeing her was that she was malingering. This belief was also shared by another physician who arrived a few minutes later. Subsequent developments, however, proved this impression to have been erroneous. Twenty minutes had elapsed since the poison had been swallowed, and still no symptoms of poisoning had manifested themselves. The aconite had evidently been taken with the intention of committing suicide, and had been procured from a chest where it was kept for administration to horses.

I obtained the following history from the patient's mother. The patient was addicted to the periodic use of alcohol, and had been drinking heavily for the past twenty-four hours. Upon being reproached by one of the members of the family for her behavior, she took the aconite in the presence of her mother, before the latter could prevent it.

Owing to her mother's statement, and the fact that the odor of the drug was present, it was determined to produce emesis. She resisted all attempts to compel her to swallow mustard and water, until the stomach pump was shown her, and all its horrors vividly described. After drinking three tumblerfuls of the mustard and water, she vomited freely. She was then forced, much against her will, to drink several glassfuls of warm water until repeated emesis ensued.

Thirty-five or forty minutes had now elapsed since the taking of the drug. The pulse and the respiration were still good. A mixture containing a half-ounce of brandy, one drachm of the aromatic spirits of ammonia, and twenty drops of tincture of digitalis was then administered. This was rejected by the stomach in a few minutes. Nevertheless it was again given and was followed by a like result. I now sat beside the woman with my finger upon her pulse, and not until twenty more minutes had passed did I notice any perceptible change in it. The pulse then became slow, and soon afterward irregular and much weaker. At times it was almost imperceptible. The respiration became shallow and somewhat irregular and less frequent. The patient also began to complain of tingling and burning sensations in her lips and tongue, and of burning at the pit of her stomach. Tingling and burning sensations soon made their appearance in her hands and feet, and finally spread over her whole body. She now desired to urinate, but was unable to do so, and had to be catheterized.

It was with great difficulty that the patient could be kept quiet. She was restless, nervous and talkative. Two hours later, while struggling with her, to keep her in bed, she suddenly ceased breathing, her pulse became unperceptible, her pupils dilated widely, and for a time she seemed dead. The heart sounds were not audible. In a few moments, however, the pulse and respiration slowly returned. Thirty minims of the tincture of digitalis were now injected hypodermically, and aromatic spirits of ammonia was given in drachm doses by the mouth; but these were not retained. No change occurring in her condition, thirty minims more of the tincture of digitalis was injected, making sixty minims in all. The pulse now gradually began to be stronger, fuller and more rapid, and her respiration gradually became deeper and more regular. Notwithstanding this improvement, attacks of syncope, always following some exertion, continued to recur for the next hour at irregular intervals. About five hours after swallowing the poison I considered it safe to leave her.

Her pupils were a little larger than normal, and whenever a fainting spell was threatening they would begin to dilate so widely that the irides were reduced to a narrow, almost invisible line. By watching them, I could foretell an attack. The patient had no convulsive movements at any time. Her muscles were relaxed, sweating was moderate. Her temperature could not be taken, owing to her being so unmanageable; but the surface of the body was markedly cold to the touch, and she complained of feeling cold. Artificial heat was freely used.

For further information of the case I am indebted to Dr. E. Shapleigh, the family physician, who took charge of her upon his arrival. He informed me that the general prostration was rather severe and lasted for several days, and that the peculiar tingling and burning sensations, though gradually becoming milder in degree, were observed by the patient for some three or four days. She suffered quite severely from gastric irritation, and was unable to take anything but liquid and semi-solid food for about ten days.

The amount of aconite ingested is unknown. A piece of the solid extract about the size of a large hickory nut had been dissolved in two ounces of water; of this quantity she drank, as nearly as could be ascertained, four drachms in a tumblerful of water.

The symptoms in this case were very much delayed, and it is only rational to suppose that their slow development was due to the previous ingestion of a large quantity of alcohol. It appears further undeniable that the free vomiting induced, together with the hypodermic administration of digitalis, was largely instrumental in averting a fatal termination.

PERISCOPE.

Sommerbrodt on Creasote in Tuberculosis.

Professor Sommerbrodt, of Breslau, in two communications to the *Therapeutische Monatshefte*, declares that an experience of over 5,000 cases has proved to his own satisfaction that creasote is not merely a useful drug for the symptomatic treatment of tuberculosis as has been conceded by others, but that it exerts a specific influence on the disease by the resistance it offers to the cultivation of tubercle bacilli. Dr. P. Guttmann had by his experiments shown that tubercle bacilli could scarcely be cultivated in sterilized serum containing 1-4,000th of its volume of creasote, and the culture entirely failed when the solution was a little more concentrated. He concludes that if it were only possible to administer sufficient creasote for the blood to contain that drug for some time in the proportion of 1-4,000th of its own quantity, tubercle bacilli would probably cease to develop. This, he contends, is impossible, not only because the required quantity of creasote in the blood would be more than twenty grains, but because it would be impossible to determine what quantity of creasote would have to be administered to make twenty grains of it circulate in the blood. Sommerbrodt believes that it is possible to give the necessary quantity of creasote. He has been prescribing for some time to many hundreds of tuberculous patients capsules of creasote, each containing one grain of the drug. These capsules were taken, three the first day, and every succeeding day one more until the eighteenth day, after which the same quantity—from twenty to twenty-five grains per day—was continued for many months. The author says that it is impossible to presume that the twenty grains of creasote have already entirely passed out of the blood by the time the second or third dose of the drug is given, so that probably such an accumulation of creasote takes place in the tissues as to fulfil Dr. Guttmann's postulate. He has at any rate had the most gratifying success with this medication, and his experience was that the more creasote a patient could bear in a day the greater was this success. The *modus operandi* of the creasote, Dr. Sommerbrodt says, has not yet been sufficiently cleared up. The drug is certainly a stomachic tonic and diminishes the secretions, but these can hardly be its chief effects. He rather believes, although the experiments on animals have so far led to negative results only, that a sufficient quantity of creasote must make the soil unsuitable for the cultivation of tubercle bacilli. He suggests therefore that serum from a man who has for some time taken more than twenty grains of creasote be used to cultivate tubercle bacilli, so as to find out if this acts differently from the serum of another person used for the same purpose.—*Lancet*, August 17, 1889.

Intestinal Troubles of Infancy.

Dr. L. G. Broughton, of Reidsville, N. C., writes to the *North Carolina Medical Journal* on the above subject. As the result of quite an extensive country practice, he has met with only three grand divisions of infantile diarrhœa—simple diarrhœa, cholera infantum, and dysentery. He is satisfied that, in the vast majority of cases, decomposition in the gastro-intestinal tract is the *fons et origo mali*. And he finds these three great indications predominant; first, to clear out the bowels; second, to arrest decomposition and putrefaction; third, to restore healthy action in the alimentary tract.

To meet the first indication there is nothing better than castor oil, provided the stomach can bear it. With many practitioners rhubarb, either in powder, in syrup or infusion, answers well in cases where castor oil is objectionable. To meet the second indication he uses salicylate of soda. To a child of from six months to two years old he would give three grains every two or three hours. This, he thinks, may be advantageously combined with pepsin, two or three grains. Another antiseptic of which he speaks in high terms is the sulpho-carbolate of zinc, in the dose of one-sixth to two grains. The third indication is fulfilled by suitable nutrients, as pancreatized milk, scraped raw beef, and tonics, as per-nitrate of iron and columba.

Dr. Victor C. Vaughan speaks of the requirements necessary in the preparation of food for infants in the intestinal troubles of summer. (1) Cow's milk used as food for infants should be sterilized. This is best effected by boiling. (2) The proteids in cow's milk may be made to more closely approximate those of woman's milk by partial digestion, at least by conversion into the soluble form. All chemists are agreed that the proteids of woman's milk are more easily digested than the same food stuffs in cow's milk. Dr. Vaughan would, therefore, counsel the partial artificial digestion of cow's milk, when used as food for infants, especially for those of weak digestive organs. On the other hand, he is convinced that this digestion should not be complete. In the first place, the digestive organs would be greatly weakened if the food used for any great length of time should be completely digested before its administration. Moreover, the use of wholly digested proteids in quantity is not free from danger, as experiments have shown that if peptones be directly injected into the blood they are poisonous. Normally it is a function of the liver to arrest and alter the products of proteid digestion in the stomach and intestines; but if a great quantity of ready-made peptones be poured into the stomach, they will be absorbed so rapidly that the liver may fail to perform this function fully.

The deficiency of carbo-hydrates in cow's milk may be supplied by the addition of milk-sugar or dextrine. Milk-sugar is too expensive to be used on a large scale. Common sugar acts as an intestinal irritant, and causes diarrhœa. Starch is not digested by the young child. Dextrine is easily prepared, is not acted upon by the yeast ferment, but is converted by diastase and by the pancreatic juice into maltose.—*Boston Medical and Surgical Journal*, August 29, 1889.

Absorption of Fat in the Intestine.

E. Sehrwald communicates to the *Corr.-Blatt der allgem. ärztl. Verein von Thüringen*, 1888, Heft 6, the result of his investigations upon the absorption of fat in the intestine. He comes to the following conclusions: 1. Absorption of fat in the frog's intestine is effected principally by the cylindrical cells, which take up the fat through the activity of their contained protoplasm. 2. Large doses of quinine paralyze the protoplasm of the cells and thereby stop the absorption of fat. 3. It is still undecided whether only the motor or only the chemical function of the cells is interfered with by quinine. 4. The digestive disturbances following the use of quinine may be referred to the diminished absorption of fat.—*Deutsche med. Wochenschrift*, July 25, 1889.

Closure of Defects in the Skull.

At the Eighteenth Congress of German Surgeons, April 24 to 27, 1889, Dr. Gerstein, of Dortmund, spoke of the closure of defects in the skull. He mentioned the case of a miner, who was brought to the city hospital, January 6, 1888, with a severe injury of the skull. After laying bare the wound in the skull, it was found that two of the larger fragments of bone, which were wedged into each other, could not be raised. Gerstein was therefore compelled to remove one of the fragments, which was thereupon laid in a solution of corrosive sublimate. After gently elevating the large fragment and carefully removing the injured brain tissue, he tried to implant again the fragment that had been removed; but he was unsuccessful in this, as the inner table very much over-lapped the external table of the skull. Gerstein therefore cut the fragment, which was about one and one-half inches long and one-half an inch broad, so that it would fit, and then implanted it. The wound was then closed, after the hemorrhage had been carefully checked. Recovery occurred without disturbance.

Early in January, 1889, the man died of pneumonia. At the autopsy, the fragment of bone was found to have formed bony union at all points where it came in contact with the skull. In the broadest place the line of union was one and one-half inches, in the next four mm., and in next one and five-tenths mm.—*Centralblatt für Chirurgie*, July 20, 1889.

Menstrual Urticaria Cured by Castration.

At the First Congress of the German Dermatological Society, held at Prague, June 10 to 12, 1889, Dr. Tauton gave an account of a case of menstrual urticaria which had been cured by castration. The patient was a woman, thirty years old, who at every menstruation suffered with violent colicky pains and an extensive eruption of urticaria. She was in very poor health and had inflammation of both ovaries and salpingitis of gonorrhœal origin. Both tubes and ovaries were removed by Prof. Schauta. With the occurrence of the menopause, artificially brought about by the operation, the urticaria and the other disturbances disappeared. The woman—who was exhibited to the Society—enjoyed excellent health and presented a blooming appearance.—*Wiener med. Presse*, August 4, 1889.

Operative Treatment of Tumors of the Cæcum.

Dr. R. Suchier, of Herrenalb, contributes to the *Berliner klin. Wochenschrift*, July 8, 1889, a communication on the operative treatment of tumors of the cæcum. At the close of October, 1887, he was consulted by a man who had a painful tumor in the right hypochondrium. Through the relaxed belly walls could be felt a hard tumor, about the size of a man's fist, with a nodular surface. This tumor was quite painful even on moderate pressure. During the latter weeks of his illness the patient had emaciated considerably; nausea, eructations with marked feculent odor, and lessening of the evacuations from the bowels, had set in, and the latter symptom quickly became intense.

The patient could recall nothing important in his history. There was no hereditary disease in the family, and he had not been before sick to any extent. The present disease had first begun to develop within a year, and recently, as stated, had rapidly increased in intensity. The patient was a man, 32 years old, of slender build. There was considerable loss of fat and muscle tissue. Great weakness existed. The lungs and heart were normal, and no abnormality was demonstrable on the part of the genito-urinary apparatus and nervous system. Digestion, however, was materially altered. There was loss of appetite, nausea, and eructations of an intense feculent odor. Small, slimy, pultaceous stools were passed. Palpation disclosed the presence of a tumor in the cæcal region. The glands in the right groin were swollen; but no other symptoms were present.

From an etiological point of view the occupation of the man deserves mention—he was an agate-polisher. These workmen polish stones while they lie upon their bellies on trough-shaped wooden benches, which are uncushioned. In this position they work twelve hours a day, during which time the edge of the bench presses upon the sides of the abdomen.

A tumor of the cæcum was diagnosticated, but whether it was of a cancerous or tubercular nature could not be determined. On account of rapidly increasing intestinal occlusion, removal of the tumor was decided upon on November 1, 1887. The tumor was cut down upon, the incision being parallel to Poupart's ligament and two or three fingers' breadth from it. The omentum in the neighborhood of the tumor was much inflamed and covered with whitish-yellow nodules, from the size of a pin-head to that of a pea. There were from twelve to sixteen hardened glands, some as large as walnuts, situated along the vertebræ. Some of these were shelled out and some were scraped out with a sharp spoon. The tissue of the cæcum close to the tumor was so easily broken that it was torn, and a small quantity of the intestinal contents unavoidably escaped, but was prevented from flowing into the peritoneal cavity. The bowel above and below the tumor was then emptied by expression, compressed by rubber bands, and cut through in healthy tissue on each side. The part of the cæcum containing the valve, and the vermiform appendix, was left behind. The ends of the bowel were united by double Czerny sutures—the inner coat with silk, the outer with catgut. Drainage was provided for. The course of the case was nearly without reaction. Violent pain persisted for two days, but disappeared completely under a few large doses of opium. No noteworthy rise of temperature occurred. Under continuous treatment with opium a copious evacuation occurred seven days after the operation, and three days later there was another. The external sutures were removed on the eighth day; those of the peritoneum became loose at the end of the second week after the operation. Seventeen days after the operation the patient left his bed; four weeks after it he walked a little, and then recovered relatively fast. Some months later he resumed his work, and, at the time of the report—eighteen months after the operation—he was entirely well.

Microscopic examination of the growth, by Prof. Ziegler, of Tübingen, showed that it was tuberculous—the submucosa and external layers of the bowel especially being involved.

Treatment of Ozæna.

Dr. Moure, of Bordeaux, who is an authority on the treatment of diseases of the nose, makes some helpful suggestions regarding the management of ozæna, in the *Bulletin Médical*, July 24, 1889. The usual treatment of ozæna, he says, consists in modifying the general condition of the patient; for this purpose the preparations of iodine and arsenic are given. Immediately after this cleansing irrigation, an antiseptic solution is employed, care being taken to vary it from time to time. Moure employs first the following:

Acidi carbolici	f ʒ iv
Glycerini	f ℥ iiss
Alcoholis (90°)	f ʒ x
Aquæ	f ℥ ix

Sig. A tablespoonful to a pint of tepid water.

When the carbolic acid has caused the bad odor to disappear—which it does usually in from eight to fifteen days—it is replaced by chloral, resorcin, salicylic acid, salicyclate of soda, or by creolin. The latter has the disadvantage of being very caustic, because it forms an emulsion and not a solution. It should be employed only in very small doses; for example:

Creolin	gr. xv
Alcoholis	f ℥ iiiss

Sig. A coffeespoonful to a quart of tepid water.

Naphthol also gives very good results; but a solution of camphorated naphthol is preferable. A solution of aceto-tartrate of aluminium is also employed:

Alum. acet. tart.	ʒ v—x
Acidi borici	℥ iiss—iii

Sig. A coffeesponful of this mixture to a pint or quart of water, according to the patient.

Van Swieten's solution should not be employed, because it is dangerous.

In rebellious cases, the treatment should be terminated by atomization, as with the following solution:

Acidi carbolici	gr. xxx
Resorcin crystal.	gr. xlv
Glycerini	f ℥ iss
Aquæ	f ℥ ixss

After some time the antiseptic solution is replaced by more astringent solutions, as those containing tannin, boric acid, alum, or antiseptic vinegar; and when the mucous membrane of the posterior part of the nasal fossæ is very dry, the following solution is used:

Salol	gr. lxxv
Olei Petrolei	f ℥ v

Fumigations and inhalations also give good results. The following solution, which is heated over a water-bath, should be employed for inhalation for one or two minutes after the irrigations, such as:

Camphoris	ʒ ii
Tincturæ iodi	f ʒ iiss
Potass. iodidi	ʒ ss
Picis	ʒ iii
Alcoholis (90°)	f ℥ iii
Aquæ	f ℥ viii

Insufflations of powders should, in general, be abolished.

The Rabic Comedy at Jarville.

The commune of Jarville, in Lorraine, near Nancy, has recently enjoyed a hydrophobia scare of quite respectable proportions. The cause of all the commotion was a little black puppy, about two months old, that belonged to the proprietress of a public-house. The owner became ill, and, finding the puppy rather troublesome, made it over to a friend, who, in turn transferred it to another, and so it passed through several hands in a short time. One of its owners was a drunken workman, who died from delirium tremens. The report soon spread that the man died from hydrophobia. The original owner, who had suffered for some time from cancer of the stomach, was so alarmed at this report that she took to her bed, and soon after had a final attack of hæmatemesis, to which she succumbed. Rumor assigned hydrophobia as the cause of her death also, and the town went wild. A large number of the inhabitants went to Paris, to the Pasteur Institute, at the expense of the commune, and after being inoculated returned home with minds at rest, and now propose to celebrate their deliverance by a *bal des enragés.* Thus ended what Dr. Linet, who chronicled the event, has called the rabic comedy of Jarville.—*Medical Record,* Aug. 31, 1889.

Treatment of Hemoptysis.

In concluding a paper in the *Medical News,* Aug. 24, 1889, Dr. James B. Walker, of Philadelphia, says that hygienic measures are adequate for the arrest of most cases of hemoptysis occurring early in chronic pulmonary disease. They constitute much the most important part in the treatment of even grave cases. In ordinary cases, in addition thereto, sufficient doses of an opiate to quiet unnecessary cough will be all that is required. For the severer attacks, or where their repetition gives even a slight hemorrhage a gravity it would not otherwise possess, we should administer either the peculiar hemostatics, turpentine, erigeron, tincture laricis, or other drugs of this class; or astringents, preferably gallic acid or acetate of lead, and these preferably by the stomach.

If topical applications are resorted to, they should be such as alum or turpentine. Forced efforts at inspiration, with the idea of carrying into the lungs a large quantity of medicated air to mingle with the complemental and residual volumes, are to be guarded against, lest they increase the hemorrhage. Where the hemorrhage is serious, from its excess or persistence, ergot should be freely administered, by the stomach, if possible; hypodermically if rapidity of action is imperative.

A Leper Butcher in Bombay.

We learn from *The Times of India* that the officers of the Municipal Board of Bombay, acting upon information, made a careful examination of the butchers at work in the slaughter house of Chinchpoogly, and found one of the members in an acute leprous condition. It seems that for some time past a number of low-caste people of the butcher class, who were not allowed to hold stalls in the market, have been in the habit of purchasing buffaloes which the butchers of Bandora refused to kill and sell for human consumption. These animals were then driven off to a distance, to Coorla, to be slaughtered, and when cut up their flesh was smuggled into Bombay to be sold at a cheap rate. Quite recently it came to the knowledge of the authorities that among those carrying on this illicit trade were two lepers. An attempt was made to arrest these men as they were driving a cart-load of the buffalo flesh to market. One effected his escape. The other, on being examined, was found to be in a disgusting state of disease. He had already lost his fingers and toes, and the leprosy was spreading over other parts of his body. Both these lepers have been employed to cut up and handle this buffalo beef and bring it to market for human consumption. It turns out that he has already been twice warned, and once fined five rupees for contravening a section of the Indian Penal Code, which provides the mildest sort of punishment for persons charged before the magistrate with spreading a contagious disease. The fine is paid, and the man once more is free to carry on his loathsome trade.—*Medical Press,* Aug. 14, 1889.

Treatment of Eczema.

Dr. Unna, of Hamburg, publishes, in the *Monatsschrift für Dermatologie,* a paper on the Diagnosis, Etiology, and Treatment of Eczema. He says that even before the experimental cultivation of bacilli, exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhœic eczema, and the parasite causing it is that which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhœic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhœic eczema in all its forms—viz., sulphur, resorcin, chrysarobin, and pyrogallol. Of these remedies resorcin is the best, as being the least likely to produce local or general ill effects. It may also be used in an alcoholic or watery solution, or in the form of ointment, paste, soap, or powder. Dr. Unna's favorite formula is a solution of three drachms of finely-powdered resorcin with an equal quantity of glycerine in six ounces of alcohol diluted with four times the quantity of water or camomile tea. A thin layer of cotton, well moistened with the solution, is applied, covered with some waterproof material, and fastened by a bandage. These applications are particularly useful when the treatment is prolonged, or when it is carried out by night. They are, of course, impossible in general eczema of adults, but not in that of infants. Dr. Unna describes an especially important effect following the application of resorcin—viz., a swelling of the epidermis, by which all painful fissures are healed in a single night. In order to ensure healing, he advises that the skin should be anointed after the removal of the bandage, and that washing with soap should be avoided. A few people suffer from a resorcin idiosyncrasy, which necessitates the immediate cessation of this treatment, and the application of powder to the affected parts. This idiosyncrasy is, however, very rare, as he has only met with it ten times in five years' observation, during which time he has seen 2,000 cases. He remarks that his treatment is not adapted to cases of long-existing eczema in which strongly-infiltrated or thickly-indurated patches occur.—*Lancet*, Aug. 17, 1889.

Morphine in Pregnancy and Parturition.

Dr. C. Fürst contributes an article to the *Wiener klin. Wochenschrift*, II, 10 and 11, 1889, on the use of morphine in pregnancy and parturition. Fürst sees no danger in the moderate use of morphine in pregnancy. He recommends it in uncontrollable vomiting, in threatened miscarriage, and especially in cases in which miscarriage is habitual, in eclampsia, and in pneumonia. Experience teaches that the development of the fetus does not suffer from the use of morphine by the mother during pregnancy or afterward, but the solutions used should not be too strong or too old. Morphine-eaters, who do not use morphine too freely, may become pregnant repeatedly and carry their children to term without seriously impairing their subsequent development. In the case of women in labor, morphine may be employed in moderate doses. This does not affect the efficiency of the pains or endanger the power of resistance of the child. But it is necessary, when there is no prospect of a speedy termination of labor, to be cautious in the use of morphine, for the sake of the child. The rapid and copious elimination of morphine with the mother's milk should also prevent its employment in the case of suckling mothers.—*Schmidt's Johrbücher*, July 15, 1889.

The Leprosy Scare in England.

At the Balloon Society's meeting last Friday evening at St. James' Hall, Surgeon-General Sir William Moore delivered a lecture on "Leprosy." He spoke as an expert on this painful subject after his 30 years' medical experience in India. So far as this country was concerned there was no ground for uneasiness. There had always been a certain number of lepers in England, and there would probably be more as communication with the East increased. Our generally excellent sanitary arrangements were calculated to oppose the spread of any disease which required communication of the active germ by contact. Referring to the outcry which had been raised, the lecturer showed that it was quite wrong to suppose the Government had done nothing in respect of India, instancing the leper asylums of the Bombay Presidency. There were, however, many difficulties in the way of general isolation of lepers in India. The great safeguard was the spread of civilization and sanitation. The following resolution was carried: "That the present scare on the subject of leprosy is unsupported by any extraordinary manifestation of the disease." —*Medical Press*, July 17, 1889.

Nova Scotia Medical Society.

The *Maritime Med. News*, July, 1889, pronounces the late meeting of the Nova Scotia Medical Society a success. It was a success in the number of papers read, and in their quality; it was successful, too, in the promotion of acquaintanceship and friendship among fellow-workers, whose only opportunity of shaking hands is at the annual meeting. There was a gratifying shortness about many of the papers, and all were good.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

A STRANGE USE OF HYPNOTISM.

Nothing more singular could be imagined than the observations related soberly by some of the French experimenters in hypnotism. The remarkable assertions in regard to the application of hypnotism to therapeutic ends are quite matched by those in regard to its manifestations when carried out experimentally, and with a view to determining what actions can be prompted in the hypnotic state. In various places attention has been called to the possibility that criminal actions may be unconsciously performed by persons to whom they have been suggested while hypnotized, and recent reports from Paris indicate that hypnotic subjects may be prompted to indecency and beastiality in the same manner.

For example, in the *Bulletin Médical*, Sept. 4, 1889, it is stated that Tessié claims that he has been able to fix a stamp upon the mind which results in the formation of what he calls "ideogenous zones," or regions, the stimulation of any one of which will be followed by actions of a definite character. His experiments were made in connection with a propensity which is perhaps exceptionally developed in his own country—namely, to indulge the sexual appetite. He describes a case in which he put a man into the hypnotic state, and said to him: "The right auricle represents lubricity, and the left auricle represents chastity." He then waked the subject; whereupon, keeping the most absolute silence, he pressed the patient's right auricle, and saw that he became gradually erotic. At the moment when he was about to masturbate, Tessié pressed the left auricle, and the subject gradually lost his passion and resumed the air of chastity.

The first time that Tessié performed this experiment, he says, he forgot to suppress the suggestion. The next day the patient presented himself fatigued, and said that in the evening he had met a friend who had pressed his right hand. Some moments later he became possessed with a violent desire for coitus. He felt that this desire came to him from the right auricle which he pressed several times in the twenty-four hours. He relieved himself by masturbating several times, and that night he had intercourse several times with his mistress; and that very day, on coming to Tessié, he had had two ejaculations, for in walking he had pressed the right auricle.

A story of this sort would hardly be credited, were it not told on good authority. It is almost incredible that a scientific investigator should choose such a field for experiment, and one who reflects on the story cannot fail to note the character of the subject and to suspect that he merely seized a ready excuse for the indulgence of a propensity to vice or deliberately played upon the credulity of his investigator.

If there is any element of scientific truth in the singular claim of Tessié that he can "create" ideogenous zones, it is to be hoped that he, and those who imitate him, may hereafter create virtuous and manly zones, and not start their subjects in courses which it may not be so easy to stop.

RESULTS OF REMOVAL OF THE CEREBRUM.

One of the most remarkable experiments ever reported was communicated May 17, 1889, by Dr. Goltz, to the Naturwissenschaftlich-Medicinischer Verein in Strasburg. In this experiment Dr. Goltz removed, as fully as he could, and in two operations, the cerebral hemispheres of a dog, and carefully observed the effect of the mutilation. The dog lived fifty-one days after the last operation, and then died by an accident—so to speak; that is, of pneumonia caused by the passage of food into the lungs while feeding. The specimen of the brain was exhibited to the Society, and was found to present an almost total removal of the cerebrum. That it should have been an absolutely total removal was hardly to be expected; but that it was practically so will be seen from the following account of what was demonstrated, as given in the *Deutsche Med. Wochenschrift*, Aug. 15, 1889. In the specimen of the brain presented to the Society, the entire cortical layer of the cerebrum was wanting, except two shreds of gray matter at the base, which belonged to the radial surfaces of both hippocampi. At the base, the brain tissue forming the floor of the third ventricle and lying between the optic tracts and the crura cerebri, was also left. Both corpora striata were entirely missing. The optic thalami were much injured and were softened on their lateral surfaces. The optic tracts were divided. Above, the remains of the optic thalami were covered by a malformed striated substance, which evidently represented the remains of the corpus callosum and of the fornix. The hypocampus major was absent on both sides. The corpora quadrigemina were uninjured, but swollen and soft. The pons and medulla oblongata were likewise somewhat softened, and showed fewer sharp outlines than in the normal brain. The cerebellum was uninjured.

As it is very questionable whether the remains of the gyrus hippocampus had any physiological connection with the crura cerebri, one may venture to assert that the dog had no cerebrum. More important is the fact that this animal, after the loss of the cerebrum, performed functions for the accomplishment of which the cerebrum is regarded by many authors as essential. A few hours after the last operation the dog was able not only to stand and walk, but also to raise himself on his hind legs and lay his forepaws upon the edge of the box in which he was. He could not eat or drink unaided, but was able to chew well what was put in his mouth. His sleeping and waking alternated as in a normal dog. He was usually very restless before being fed; and when satisfied he went to sleep. He could be awakened from sleep by merely touching any portion of his skin; he then opened his eyes, which before were closed, and stretched himself as a normal dog does on awaking from sleep. If his limbs were put in an uncomfortable position, he immediately improved their position. According to the occasion, he could whine, growl, bark and howl. In defecating and urinating he assumed exactly the position that a normal dog assumes. He paid no heed to sounds. His perceptions of sight and taste must have been lost, because the nerve paths concerned were cut.

It is not so astonishing that the subject of Goltz's experiments should have lived after the removal of his cerebrum, for this part of the brain is not directly concerned in the performance of the vegetative functions of animals; but the wonderful feature of the case is the fact that so many manifestations of intellectual processes were observed after removal of the parts of the brain in which they are presumed to reside. This is a phase of the experiment which invites to further study, and our readers will probably await with interest the appearance of the complete account of the case which Goltz promised would appear before long in *Pflüger's Archiv.*

LACERATION OF THE VAGINA IN LABOR.

It is too much the custom to consider that injuries and lacerations of the utero-vaginal canal, in labor, affect only the womb and the perineum. It is well known that the vagina is often lacerated, contused, and torn loose from its connections with the rectum and bladder, and this knowledge ought to be more generally appreciated. The fact that injuries of the vagina, unless involving a rupture into the bowel or bladder, or hemorrhage from a torn vessel, give rise to no immediate symptoms, is a very evident reason why an early diagnosis is seldom made or even attempted. The diagnosis is seldom made unless the wound becomes infected and serious local or general symptoms result, or a hematoma forms, which attracts attention early, by its size and pressure, or later, if inflammation or suppuration takes place. Perhaps long afterward the examining finger of the surgeon finds scars which indicate the injury; or there is reason to believe that a separation of the vagina from its attachments was the starting point of a cystocele, rectocele, or prolapse of the vagina. The more common laceration of the vagina as an extension of the tear which involves the perineum is of course easily recognized when the parts are examined at the termination of a labor.

An interesting discussion was recently had in the Obstetrical Society of London on a paper upon this subject read by Dr. J. Matthews Duncan. Dr. Duncan reported two cases of vaginal abscess in women recently delivered. The symptoms were alarming. He attributed them to laceration of submucous cellular tissue and consequent hematoma. In each case an indurated swelling was found in the vagina, having a rounded opening admitting the finger, which when pressed entered a cavity as large as a walnut. Eight similar cases were reported by Drs. Boxall, Horrocks, and others.

This interesting variety of injury to the vagina is infrequent but not very rare. The course of the affection consists in the injury which causes the hematoma, which is followed by infection, inflammation, suppuration, and, at times, discharge of the bloody purulent material, into the vagina.

While the symptoms of this last variety of vaginal injury are more striking, the injury itself is scarcely of more importance than the others. It cannot be doubted that the other varieties of vaginal injury are important factors in the development of local inflammation, subinvolution, and displacement of the pelvic organs. Were the most excellent rule generally adopted, that every puerpera should be examined about the tenth day, and again at the end of the sixth week, these injuries, as well as any other abnormal condition, would be discovered; and by instituting appropriate treatment much subsequent trouble could be avoided.

WRAPPERS FOR FOOD.

The attention of the Superior Council of Hygiene in Paris has recently been called to a curious source of danger to the inhabitants of that city. It appears that a petition has been addressed to the Council, asking it to prohibit the use of old paper from magazines and newspapers for wrapping articles of food. The petitioners urge that this practice is one fraught with danger to persons who use food that has been put in such wrappers, and assert that the Austrian Government has prohibited the use of old papers, and even of colored paper, to enclose articles intended to be eaten.

The presentation and serious consideration of this petition indicates the care exercised in certain countries of Europe to protect the inhabitants against even remote sources of danger to their health. In the present instance this care seems to be a trifle excessive; but it cannot be denied that it would be a good thing to impress upon provision dealers the desirability of using clean and wholesome wrappers for the articles which they sell. Ordinarily the newspapers and leaves of books which come to be used as wrappers have never been read, and are probably as free from contamination as the cheap papers made especially for wrappers; but it is contrary to the æsthetic sense to employ any paper to surround articles of food which has been previously handled, and it is conceivable that such paper might be a means of infection with disease.

ENTERPRISING OPTICIANS.

There has recently occurred in this city a very remarkable attempt on the part of a manufacturing house to play fast and loose with an influential portion of the medical community. The firm in question, we are assured on authority which comes from one of its members, sent out thousands of circulars, a specimen of which reads as follows:

"*Mrs.* (name).

"DEAR MRS. (name):—We should be glad to have you consult us in reference to your eyes. We have been fitting glasses for the past thirty years, and after careful study of the subject have adopted a method of examination which is wonderfully effective. One visit to our store is all that is required, consequently both a great amount of time *and expense are saved.* The glasses furnished cannot fail to give you great comfort.

"Yours truly, "QUEEN & CO."

This circular was sent out in the form of a written letter, and addressed individually to persons whose names had been obtained in some way or other.

At the very time this was being done, the same firm was sending out to the oculists of Philadelphia a circular, calling attention to the fact that that they were peculiarly fitted to fill the prescriptions of oculists, and asking for their patronage.

A singular part of this performance consists in this fact, that, in the letter addressed directly to the laity, they were asked to come to have their eyes examined at the shop of Queen & Co., while in the circular sent out to the oculists they were informed that a new place of business had been opened, in which only oculists' prescriptions would be filled. The reason given for this is, that there "Patients will avoid detention on account of the large business transacted at our main store."

Those who are inclined to criticise, may, perhaps, fancy that the true reason was to keep the patients of the oculists from getting hopelessly confused with the patients of Messrs. Queen & Co., and wonder how long it would be before the former would be receiving appeals to go direct to the "main store."

Now, there is no moral or legal objection whatever to an attempt on the part of a maker of eye-glasses to secure the patronage of medical men or the custom of the laity; but it is somewhat dangerous for any firm which desires the former, to try to secure the latter by methods which are regarded as improper by physicians, and it is astonishing that a firm of such large experience as Queen & Co. could commit so gross an act of folly. They could hardly expect that their curiously worded circular would fail to fall into the hands of some member of the medical profession, or that, when it did, it would fail to excite strong condemnation.

◆

—During a discussion over the educational budget in the Belgium Senate recently, a member attracted attention to the constant increase in the number of students at the universities; this increase showed, in his opinion, that the examinations were too easy, and that they threatened to overload the liberal professions.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

THE NERVO-VASCULAR SYSTEM. A Chart 18x24 in. Arranged by W. HENRY PRICE and S. POTTS EAGLETON. Philadelphia: F. A. Davis. Price, 50 cents.

This chart is, in some respects, a very convenient one for assisting students in learning, or physicians in remembering the origin and distribution of the nerves in the human body; but it has several defects. One is, that its title is a misnomer; for, while the nervous system is described, there is nothing at all said about the vascular system. Another defect is, that, while it is probably anatomically correct, having been examined and approved by Dr. John B. Deaver, Demonstrator of Anatomy in the University of Pennsylvania, its editing has not been of the most careful kind. At the first glance, we discover that certain nerves are spoken of as "Superific," which is a new name to us. We also find that the word "foramen" is spelled "foramem." Such slips as this ought to have been detected by some one connected with this publication. They do not impair the utility of the chart, but it is unfortunate that they should have been committed.

UNIVERSITY OF PENNSYLVANIA. HANDBOOK OF INFORMATION CONCERNING THE SCHOOL OF BIOLOGY. Quarto, pp. 125. Philadelphia: 1889.

This is an exceedingly handsome book, describing the facilities for study in the Biological Department of the University of Pennsylvania. It opens with a short sketch of the founding of the University, followed by a list of the various officers, administrative and teaching, and an account of the means for and ways of teaching biology. It is illustrated with a number of beautiful reproductions of photographs, showing the rooms, green-house, laboratories, etc. Those who know the great amount of conscientious and intelligent labor and the large sums of money which have been expended upon the Biological Department of the University of Pennsylvania will be glad to find such an interesting account of what it has effected. To most persons who examine this book, it will probably be a surprise to find how extensive is the ground covered by the course of biology, and how complete are the facilities for this study in the University of Pennsylvania.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume I. Session of 1888. 8vo, pp. viii, 318. Birmingham, Ala.: Caldwell Printing Company, 1889.

This volume contains the papers read before the Southern Surgical and Gynecological Association, at its meeting in Birmingham, Ala., December 4 to 6, 1888. The Chairman of the Publication Committee, Dr. W. E. B. Davis, states that the Committee decided that it would not be wise to attempt to include the discussions of the papers in the Transactions, because it was found impossible to get a satisfactory report of them after the members had returned to their homes. Hereafter, however, the Association will have a stenographer, and a full report of all discussions will be preserved. The latter statement, together with the good appearance of the volume before us, and the excellent character of the papers it contains, gives a very good idea of the energy, progressiveness and ability of the members of the Association.

Some of the best of the papers in the present volume were published in the REPORTER shortly after they were read before the Association. Of these we may mention the article of Dr. J. M. Taylor, on "Antiseptic Surgery in Country Practice;" that of Dr. John Brownrigg, on "Fractures of the Forearm;" that of Dr. J. W. Long, on "Practical Aseptic Surgery;" and that of Dr. E. J. Beall, on "Fibro-Cystic Tumor of the Uterus."

The Association is to be congratulated on making such a good showing with its first volume. We hope there will be many good ones to follow it.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION, FOR THE YEAR 1888. Volume V. Edited for the Association by Alfred Ludlow Carroll, M. D. 8vo, pp. 610. New York: J. H. Vail & Co., 1889.

This handsome volume contains the papers read before the New York State Medical Association, at its meeting in New York City, Oct. 9 to 11, 1889, and also the business proceedings of the Association, the latter occupying, with the alphabetical list of Fellows and the index, the last one hundred and twenty-five pages of the book. The Association seems to be fortunate in selecting interesting subjects for discussion, and in having them discussed in an instructive and entertaining manner. Among such subjects, in the present volume, are: "Nosography," "Puerperal Septicæmia," and "Tumors." Among papers which deserve special mention, is one on "Railway Injuries," by Charles W. Brown, one on "Diphtheritic Paralysis," by Dr. J. Lewis Smith, and one on "Traumatic Gangrene," by Dr. Thomas H. Manley, which was published in the REPORTER.

The book is well printed, in clear type, and its contents are alike creditable to the Association and to its Editor.

INDEX CATALOGUE OF THE LIBRARIAN OF THE SURGEON GENERAL'S OFFICE, U. S. A. Vol. X. O—PFUTSCH. pp. 1059. Washington: Government Printing Office, 1889.

The tenth volume of this great work is entirely in keeping with those which have preceded it: thorough, scholarly, exact—a monument to the just liberality of the government and the discriminating management of its Editor, Dr. Billings.

The volume includes 7,658 author-titles, representing 2,905 volumes and 7,282 pamphlets. It also includes 14,265 subject-titles of separate books and pamphlets, and 29,421 titles of articles in periodicals.

* * *

—SPOILED MOUNTS are of no value, but the slides and cover glasses are. When a mount spoils beyond repair, place it in a wide-mouthed bottle containing equal parts of alcohol, oil of turpentine, coal oil, and benzol. After a few days' maceration in this liquid, the slides and cover glasses may be wiped clean, and are then just as good as new.

CORRESPONDENCE.

Undetected Constipation after Confinement.

To the Editor.

Sir: I would like to communicate with you, through the columns of the Reporter, in regard to a condition of puerperal women which I have noticed. It is the state of the bowels in connection with a form of puerperal fever, accompanied with tenderness of the abdomen. I have noticed it in two cases lately. My treatment has been copious injections of soap and water, repeated three or four times, until satisfactory movements have been secured. The evacuations have been gray and hard, or pasty, and passed in very large quantities. In connection with the injections I have administered the customary treatment of opium and calomel with local applications to the surface of the abdomen; but the relief of the constipation—though the patient was not aware that it existed—seemed to contribute very much to the recovery of the patient, in the few cases which I have observed.

The disturbance I refer to occurred one or two weeks after confinement, and the condition of the bowels was apparently good until the treatment showed that there had been an undetected accummulation of feces. Yours truly,

W. H. Lewis, M. D.

Birnamwood, Wis.,
Sept. 18, 1889.

NOTES AND COMMENTS.

Alleged "Cures" of Deafness.

Among miscellaneous matters treated of in the *Amer. Annals of the Deaf*, April, 1889, we notice two reported cases of so-called cures of deafness by the "faith-cure" and "Christian science." One of these was a boy living in Japan, who was said to have had his hearing restored by the prayer of missionaries. This case was investigated by a trustworthy gentleman living in Tokio, where the case occurred. He writes: "The only foundation for the story of his cure by prayer was that at the time of the effort made in his behalf he seemed, or was imagined by those who so eagerly watched him, to hear the sound of the school-bell. I judge, from all I can gather, that there is nothing in the case which the intent watching of those interested will not readily account for."

The *Oregon Sign* remarks as follows on a reported restoration to hearing of a former pupil of the Oregon School by "mind-cure" or "Christian science:" "A Portland daily paper of a recent date names among others Miss Mary Lance, a deaf-mute young lady long a pupil in this school, as having her hearing partly 'restored' by nine 'treatments' by a 'mind-cure,' or so-called 'Christian science,' doctor. Miss Lance writes to friends here that she is as deaf as ever, and expects to return to school. There is, no doubt, science that is Christian, and Christianity that is science; but there is a great deal in the world that is neither science nor Christianity, for quackery has nothing to do with either. Newspapers do a great injury when they publish such nonsense, as deaf children are often kept out of school by a false hope that they may be cured."—*Science*, April 19, 1889.

Poisoning from Pelletierine.

In the *University Med. Magazine*, August, 1889, Dr. E. B. Landis, physician to the Lancaster County Hospital, reports the following interesting case:

C. R., a male, 26 years old, having at various times passed fragments of tænia, applied to the hospital for relief. In the evening an enema was given to empty the lower bowel. The next morning at five o'clock a bottle of Tanret's pelletierine, containing one-half ounce, was given in a glass of sweetened water. Ten minutes after its administration there was marked disturbance of vision with dilatation of the pupils. This gradually grew worse until there was inability to distinguish one object from another, everything appearing in a confused mass. With the disturbance of vision there was violent headache, dizziness, and gastric uneasiness which gradually grew worse, and which finally led to violent retching and vomiting. The patient was unable to sit up, partially on account of the dizziness, but chiefly because of the general prostration. The pulse was rapid and feeble, and the temperature rose to 101.5°. The respirations were also rapid and shallow. A cold sweat broke out which was limited to the head and face. Drowsiness came on and continued for five hours.

One hour after the administration of the drug a purge was given, which emptied the bowels about 9 A. M., bringing away numerous pieces of tænia, and which was accompanied with retching and vomiting. After this the symptoms gradually diminished, but it was not until about thirty-six hours after the drug was given that the disturbed vision, dizziness, and nausea had entirely disappeared.

One very marked feature of the case was the diminution in the quantity of urine excreted. During the twenty-four hours not more than twelve ounces were passed, the color of which was dark and the odor very offensive. The prostration of the patient was extreme, and diarrhœa continued for several days.

Dr. Bayer, in the *Prager Medicinische Wochenschrift*, reports a similar case of poisoning in which male fern was given with the extract of pomegranate, but he attributes the poisoning to the male fern alone. Besides this I have not found any analogous cases.

Poisoning by Salicylic Acid.

Dr. Pullmann states in a communication to the *Berlin klin. Wochenschrift*, July 1, 1889, that while suffering with orchitis, the sequel of mumps, he was ordered by his attending physician to take seventy-five grains of salicylate of soda in one dose. The result was the production of vomiting and diarrhœa, profound collapse, and hemorrhage from the nose. Dr. Pullmann also states that four years ago he treated a case in which hemorrhage arose from or after the use of salicylic acid. A merchant, 22 years old, up to that time healthy, was attacked with rheumatism of the joints. After the administration of ordinary doses of the salicylate intestinal hemorrhage occurred, which at first he did not connect with the employment of the remedy. After the stools had again become normal, he employed the salicylate several times, and each time the next passage contained a profuse discharge of blood.

Longevity of Women in Hungary.

Statistics collected by Fodor, and published in the *Deutsche med. Wochenschrift*, July 18, 1889, indicate that in Hungary the life of women is materially shorter than that of men. Up to the age of thirty years there are more women than men in the population; after this age the proportion falls from 109.7 per cent. to 85 and 95 per cent. at the ages of eighty and over eighty years. This condition is the opposite, he states, to that found elsewhere in Europe, where the proportion of living women to males is 105.5 per cent at thirty years of age, and rises to 144 per cent. after eighty years.

Precaution against Yellow Fever.

Surgeon General Hamilton, of the Marine Hospital Service, has decided that the remains of the wife of the Captain of the vessel, John A. Briggs, which arrived at the Delaware Breakwater August 21, cannot be landed and shipped to Maine, as desired by the Captain, until the assent of the States through which the body must pass is obtained.

The woman died of yellow fever on the voyage from Rio de Janeiro. Her body was placed in a tight wooden box, very thickly coated with tar, and was buried in the sand with which the ship was ballasted. The case was said to be air-tight; but permission to remove it from the ship was refused.

Progressive Pernicious Anæmia.

In the *Archives gén. de Médecine*, Jan., 1889, Drs. Hanot and Legry have a communication on the study of progressive pernicious anæmia. The paper contains an historical review of the study of pernicious anæmia, a presentation of its symptoms and of the condition of the blood, and the results of investigation of a patient observed by them.

The liver on microscopic investigation was not found to present the changes which are considered the anatomical expression of an infectious process. The changes affected only the liver cells, which were infiltrated with very fine refracting granular masses; in addition were found markedly atrophic, irregularly distributed cell elements; the vessels and connective tissue seemed unchanged; accumulation of blood elements was not found. The condition was therefore one of disturbance of cell nutrition which depended upon some irritative cause, or was perhaps the result of a primary blood dyscrasia. Although fatty granular degeneration is very often present in infectious processes yet it is so frequent in other and different circumstances as to be of no value in demonstration.

The parasitic origin of pernicious anæmia is pure theory only, for examinations of the blood are not in harmony; cultures and inoculations were without result and microscopical examinations have afforded no incontrovertible proof.—*Schmidt's Jahrbücher*, April, 1889.

Nitro-glycerin in Cardiac and Renal Diseases.

Dr. L. V. Holst has employed nitro-glycerin in a number of accidents consecutive to cardiac and renal diseases, such as dyspnœa, angina, palpitation, etc., and the following are the conclusions which he draws from cases which he reports in detail (*Gazette Hebdomadaire des Sciences Médicales*, Oct. 6, 1888):

Nitro-glycerin is a remedy which is capable of affecting the innervation of the heart in the most marked manner; its effects being especially marked in cases of weakening of the cardiac muscles with implication of the valves. The best results, however, are obtained in cases of angina, where it is claimed that the symptoms are not only relieved, but that the disease may be even cured. In cases of kidney trouble, the author states that he has nearly always succeeded in obtaining good results from the use of nitro-glycerin, and even in some cases its employment has led to the disappearance of renal complications as a secondary effect to its regulating action on the heart. In cases of weakness of the heart it may lead to the disappearance of serous effusions, its direct action being cardiac in origin. The great obstacle to its employment is its great poisonousness, and the difficulty of administration. The author has employed a preparation of nitro-glycerin, of which he gives one drop three times a day. If this dose is too small, it may be gradually increased drop by drop, the maximum dose being six drops daily.—*Sanitarian*, February, 1889.

Secretion of Sweat in Acute Infectious Diseases.

Queirolo (*Deutsche med. Wochenschrift*, 1888, No. 48), has endeavored to determine experimentally how correct the view of the ancients is that excretion of sweat plays an important *rôle* in the recovery from acute infectious diseases. He inoculated rabbits with the sweat of persons suffering with small-pox, malaria, typhoid fever and rheumatism of the joints. He also made control experiments with the sweat of persons free from fever. All the rabbits inoculated with a sufficient quantity of the sweat of sick persons died within from twelve to forty-eight hours. Queirolo never demonstrated the presence of febrile symptoms or swelling of the spleen; in a few cases, nevertheless, there was a scanty serous or bloody serous effusion into the peritoneal cavity. In the patients in question he artificially increased the production of sweat by means of dry heat. He believes that by this means he obtained only a favorable influence upon the issue of the infectious disease, as through profuse diaphoresis and the simultaneous administration of abundant quantities of fluids a washing of the injurious substances from the polluted organism is accomplished. Hence in the treatment of infectious diseases care should be exercised to have free diaphoresis.—*Centralblatt f. d. med. Wissenschaften*, March 2, 1889.

Diagnosis of Lead Poisoning.

Moulin (*Gazzetta medi. Torino*, No. 13, 1888) describes a symptom of early lead poisoning, to which great significance will attach if it should prove to be certain. He asserts that the skin of a person poisoned with lead, when smeared with a solution of sodium sulpho-hydrate ($NaS.9H_2O$) in distilled water, becomes intensely black. Moulin believes that the lead present on the skin, which gives rise to the reaction, is excreted by the skin, because the reaction can be evoked upon parts of the skin which have been constantly covered. The skin can be washed with water, so as to be free from lead, and then the lead reaction will not occur; but in a short time it again appears. This reaction seems to precede the appearance of the blue line on the gums, and is therefore especially important and valuable in diagnosis. It occurred 13 times in 14 persons; the one who did not present the reaction had had nothing to do with lead for a year.

If the reliability of this reaction should be established, it would have an important bearing upon treatment, indicating the propriety of increasing the activity of the skin and exciting the sweat glands.—*Deutsche Medizinal-Zeitung*, May 30, 1889.

Gunpowder as a Means of Criminal Abortion.

Dr. Alexandr I. Voitzekhovsky describes (*Proceedings of the Elisavetgrad Medical Society*, Sept. 20, 1888) two curious cases of criminal abortion caused by the internal use of gunpowder, in the dose of a small-sized wineglassful. In both of the women, who were peasants, the fetus was expelled in a few hours after the ingestion of a single dose. The substance seems to enjoy the reputation of a reliable emmenagogue and ecbolic in Russian popular medicine. As Dr. Voitzekhovsky thinks, it acts identically as savine oil, rue, powerful drastics, and such like ecbolic drugs, which give rise to abortion through their causing primary toxic gastro-enteritis. The most energetic ingredients of gunpowder are said to be nitrate of potassium and sulphur. The author also mentions a case of abortion, at the second month of pregnancy, in a woman who used for the purpose large quantities of the so-called *glühwein* (Russian *glintvein*), that is, a red wine mulled with such spices as cloves, cinnamon, pepper, etc.

Re-union of Cut-off Fingers.

Dr. Nĭkolai P. Engelhardt, of Smolensk, communicates (*Proceedings of the Smolensk Medical Society, 1888*) another instructive instance of complete re-union of a cut-off finger. A peasant hacked off with an axe the terminal and middle phalanges of his left fore-finger, only a thin palmar cutaneous bridge, measuring not more than one-quarter of an inch in breadth, remaining to connect the severed fingers with the hand, even the tendons being cut across. Without any delay, the parts were readjusted and sewed together. The wound healed kindly. The injury, however, left, besides a lineal scar, immobility of the inter-phalangeal articulation and some induration about it.

Exalgin.

According to the *Pharmaceutical Journal*, the aromatic series has given another analgesic: ortho-methyl-acetanilide, which, from its physiological effects, Dr. Dujardin-Beaumetz has named Exalgin, from ἐξ, out of, and ἄλγος, pain. Exalgin occurs in needles or in large white tablets, according as it is obtained by crystallization or from the mass after distillation. It is slightly soluble in cold water, more soluble in hot water, and very soluble in water containing a little alcohol. The analgesic effect of the chemical is produced by doses varying from three to seven grains. The effect is said to be very marked, and in all forms of neuralgia, including the visceral variety, is thought to be superior to that of antipyrin. Its toxic dose is ascertained to be 0.46 gramme per kilogramme (about 1:2000) of body-weight of the animal, the phenomena being trembling and paralysis of the respiratory organs. Exalgin also possesses antiseptic and antithermic properties; but its anodyne action appears to be the dominant one.—*Dublin Journal of Med. Science*, July, 1889.

Diseases of the Ear in Measles.

L. Blau (*Archiv für Orenheilkunde*, xxvii, No. 139) has observed 65 cases of disease of the ear after measles among 2,650 ear cases—a percentage of 2.5. Of this number, there were 28 cases of acute disease, which were completely cured; while of 33 cases of chronic disease—excluding cases of nervous deafness—a few were not cured at all, and others recovered without serious disturbances of hearing. Blau therefore regards the view as erroneous that the ear complications in measles are always of a slight nature and require no special looking after. — *Centralblatt f. d. med. Wissenschaften*, March 2, 1889.

Another Bogus Medical College.

It is reported from Portsmouth, N. H., that a bogus college of medicine has been found there, similar in management and larger in extent than the Druid College, of Maine, a full *exposé* of which was made some years ago. This latest chartered institution is the Trinity University of Medicine and Surgery, having nominal headquarters at Bennington, Vt. Any person desiring to buy a diploma covering both medicine and surgery may have a choice of the following institutions, all of which exist merely on paper: University of Cincinnati, Montreal Medical College, New York State Medical College, University of New Hampshire, Trinity University of Medicine and Surgery. The price of these bogus diplomas varies from $60 to $300.

NEWS.

—The public schools in Marion, Indiana, have been closed on account of the prevalence of diphtheria.

—On September 26 it was reported that typhoid fever was very prevalent in the northern townships of Berks and Lehigh counties, Pa.

—The resignation of Dr. James P. Kimball, of Pennsylvania, as Director of the Mint, has been accepted by the Secretary of the Treasury, to take effect on October 15.

—The Executive Committee of the Congress of American Physicians and Surgeons met in Philadelphia, September 21, and selected Dr. S. Weir Mitchell to be President of the Congress at its next meeting.

—Pleuro-pneumonia, which has for some weeks raged in the southwestern section of Chester county, Pa., is now abating, and as a result the State authorities, on Sept. 24, ordered out of quarantine the herds of certain farmers.

—Dr. John P. Blaine, a prominent physician of Englewood, near Chicago, and acting superintendent of the hospital connected with the Washington Home, was arrested September 27, on a charge of performing a criminal operation on his niece.

—The Friends' Asylum for the Insane, in Philadelphia, which is one of the best managed institutions in the country, has just had its turn at being accused of an instance of cruelty to an inmate. The matter is being investigated by the State Committee on Lunacy.

—On September 24 it was reported that hog cholera was rapidly spreading in Kent county, Md. About 200 hogs had just been lost. The farmers were seriously to blame for much of this trouble, because they persisted in throwing the dead carcasses into the woods or streams.

—The report comes from Chicago, under date of September 28, that an outbreak of small-pox was feared, because a boy who had recently returned from Havre, where small-pox was prevailing, had developed an eruption which was diagnosticated as variolus. The boy had been vaccinated at Havre in order to protect him against contagion, although he was merely passing through the city on his way to this country.

—A Dr. T. V. Gifford, of Indiana, who recently returned from the International Anti-Vaccination Congress in Paris, has been lecturing against vaccination in Philadelphia. He says those who agree with him object to it because it does not lessen or modify small-pox and because it introduces diseases. He says an effort will be made to organize a society in this city which will have for its objects, first, the doing away of compulsory vaccination, and second, the education of the people to a point where they will do away with it altogether.

—Dr. Otto Ritzman, of Albany, was drowned at Carrying-Place Bay, Lake Champlain, August 19, 1889, in consequence of the capsizing of a boat in which he was fishing with Dr. William H. Murray and a guide. Dr. Ritzman was born in Albany in 1857, and was graduated at the Albany Medical College in 1879.

This is the fourth Albany physician who has been drowned within a few years. Dr. J. V. Lansing, drowned May 9, 1880; Dr. H. I. Fellows, August 29, 1881; Dr. John S. Delavan, August 7, 1885; Dr. Otto Ritzman, August 19, 1889.

—An epidemic of typhoid fever recently broke out in the New York Central car shops at West Albany, N. Y.; and by September 24 there has been eight deaths, and about 300 men were prostrated by the disease or were kept at home by the sickness of some members of their families. The outbreak was caused, according to one account, by drinking water from wells poisoned by the drainage from outhouses; according to another the danger lies in the fact that a portion of the infected district drains into an old reservoir which is still used by the lower portion of the city, and the foul condition of which was the cause of the efforts two years ago to obtain a new supply of water for the city. In one large shop employing several hundred men, who have used the city service water, not a case of sickness has occurred.

HUMOR.

A Foregone Conclusion.—Young Doctor—"Well, I've got a case at last."

Young Lawyer—"Glad to hear it. When you get him to the point where he wants a will drawn, telephone over."—*Life.*

Possibly True.—Oculist (examining patient's eye)—"Yes, there is a foreign substance on the retina."

Patient—"That may be true, sorr, for I came from Oireland only last wake, sorr."

"I'll just tell you what it is," remarked a fat, jolly old soul to her companion as the street car rumbled along, "the doctors kin say what they please, but I know it's just flyin' in the face o' natur' to bring a baby up on the bottle. You know Sally Ann Jimson, what lived next door to us?" "Yes," assented the other. "Well, she tried to bring her baby up on milkman's milk, and it died of water on the brain."—*Philadelphia Record.*

OBITUARY.

JOSEPH BEALE, M. D.

Dr. Joseph Beale, U. S. N., died at his residence, in Philadelphia, September 23, 1889.

Joseph Beale was born in Philadelphia December 30, 1814, of English-Irish extraction. He was educated here and finished his classical and medical studies when he was graduated from the University of Pennsylvania in 1836. He practiced for one year here, and in September, 1837, was appointed Assistant Surgeon of the United States Navy. On March 14, 1843, he was promoted to Passed Assistant Surgeon and Surgeon, on April 19, 1848, to Medical Director, and in July, 1876, to Surgeon-General. On the 30th of December, 1876, he was retired, with the rank of Medical Director, and at that time was Chief of the Bureau of Medicine and Surgery in Washington, D. C., holding the relative rank of Commodore.

He served during the war of the rebellion in the blockades of Charleston, Mobile, and Savannah, and participated in the movements against and captures of Forts Hatteras and Clark, N. C., and the forts at Port Royal, S. C.

Dr. Beale leaves a wife and five adult children, one of whom is an Ensign in the United States Navy.

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COMMUNICATIONS.

HOW THE REFINEMENTS OF ABDOMINAL SURGERY HAVE INFLUENCED GENERAL SURGERY.[1]

BY DAVID BARROW, M. D.,

LEXINGTON, KY.

That the refinements of abdominal surgery have been the principal factor in the wonderful results attained in this special work is certain; and that the successes in the abdominal cavity have made the general surgeon bold and have caused him to enter new fields and apply the truths learned in the abdomen to varied traumatisms, is equally well known. To the small and rapid incision, minimum manipulation, thorough enucleation, careful irrigation, religious cleanliness and perfect drainage, is due the present advanced position of abdominal surgery. At first the surgery of the abdomen was confined mainly to the uterus and its appendages, but as successes were gained one viscus after another came within the operator's reach, until now, all of the viscera covered with that "sacred" membrane, the peritoneum, are subjected to the surgeon's knife for the relief of disease or repair of traumatism. The liver, gall and urinary bladders, kidneys, spleen, pancreas, stomach and intestines, are all subject to surgical interference, and from a long array of heretofore fatal diseases and injuries, we confidently expect many favorable terminations. From such achievements in the abdominal cavity, soon was created the desire to enter and relieve from disease the other cavities, and it was but a short time until the cranial, thoracic, and pelvic cavities were being daily manipulated by the surgeon.

Abdominal surgery, without its present

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[1] Read before the American Association of Obstetricians and Gynecologists, Cincinnati, September, 1889.

refinements, would have never gained such a victory, and would never have stimulated the surgeon to perfect the abdominal field or to seek new ones. In the early ovariotomies the mortality was great. McDowell lost 5 of his 13 cases; Wells 34 of his first 100; Tait 19 out of 50; Atlee, Keith, Schröder, Bantock, Thornton, Martin, and others also, were comparatively unsuccessful at first. But as experience was gained and refinements in details and manipulations were introduced, the mortality lessened, and we have results comparing favorably at the present time with most of the capital operations. Of all the valuable lessons taught the general surgeon the first and most important is cleanliness; every preparation and all manipulations must be conscientiously clean. Unless the surgeon himself be clean; unless the proper care of instruments and sponges be taken; no surgeon, no matter how well he can cut and manipulate, will ever be successful in abdominal, or any other surgery. The leading abdominal surgeons have demonstrated conclusively that asepsis—I use the word in its broadest sense—can be practically attained, that it is best attained, not by the use of chemical agents, but by clean water and clean soap, and the faithful application of them to the surgeon, and to everything that comes in contact with the patient, and by the application of a high degree of heat to all instruments used in the operation. That cleanliness is godliness, is true in all surgical procedures; the man who wears a dirty shirt, who bathes but rarely, who lets the finger-nails grow long and serve as filth receptacles, who allows the instruments to rust, and the sponges to hold sand and septic matter, cannot be designated a surgeon; nor should he be allowed to practice surgery, for so surely as he touches a wound, just so surely will it be contaminated. Greig Smith, in his Abdominal Surgery, says: "I think there can be no doubt that the most important single contribution to abdominal surgery is the gospel of surgical cleanliness preached by Lister." Dr. William Goodell, in his article in the *American System of Gynecology* on "Ovariotomy," says: "Time alone can demonstrate satisfactorily the relative values of Listerism and perfect cleanliness without Listerism." With him cleanliness is sought for and Listerism is used to that end.

In the discussion of a paper read by Dr. Joseph Price, at a stated meeting of the Philadelphia County Medical Society, on "A Consideration of Some of the Recent Work in Abdominal Surgery," the subject of cleanliness was brought prominently to the front. All were impressed with its absolute necessity, but some approved and others disapproved of the use of chemical agents. Dr. John B. Roberts said: "So that infection be excluded, it makes no difference whether we exclude sepsis by chemical agents, by heat, or by absolute cleanliness." "That the surgeon is bound to protect his patient by those means in which he has the greatest confidence against the risks of sepsis, and any operator who neglects this is guilty of a crime; and it is well to have that distinctly stated here, and in all medical societies, until the whole body of the profession realizes that it is a cardinal principle of surgery." Dr. J. M. Baldy said: "Personally I never use chemical agents in my surgery, and I have the best results. There are a number of other gentlemen in this city who follow the same practice. I will pick five or six such men and compare their results with those of any other six operators in Philadelphia, and if our results do not equal or better those of our opponents, I will concede the point."

In the little city I live in, Lexington, Ky., there were several gentlemen whose successes deserve mention and who were well known in Kentucky, and in one instance the reputation was national. Dr. B. W. Dudley was the most successful lithotomist of his day, and had, before the teachings of aseptic and antiseptic surgery, performed 207 lithotomies with only six deaths. Dr. Dudley knew nothing of bacteria or of Listerism, but he was clean in person and used clean water and soap unsparingly, and cleansed his instruments in boiling water. Dr. J. M. Bush was a local celebrity; he was a man noted for his personal neatness and always attempted cleanliness at an operation. Dr. W. O. Sweeny, now living, but a retired practitioner, has delivered more than four hundred women, and never had one of them to die. He was scrupulously clean in all manipulations, and used an abundance of water and soap, and washed carefully his hands and finger-nails. Mr. Tait, the greatest abdominal surgeon, and the father of most of the refinements of abdominal surgery, has attained wonderful results; the reduction of his mortality to 5.3 per cent. in his second thousand cases of abdominal operations, is due mainly to his manipulative skill and faithful attention to details and cleanliness. Mr. Tait, however, disregards asepticism, for he uses "water fresh from the tap," which probably contains poisonous germs, and to follow this part of his procedure in general surgery would, I believe, be harmful. The peritoneum is rich in lymphatics and capillaries, and Mr. Tait increases their absorptive power by depleting them by the use of saline cathartics; so by the absorption of the nutritive medium from the abdominal cavity, the germs are eliminated, or die, and can produce no disturbance. Therefore, it is due to the anatomical peculiarity of the abdominal cavity and the rapid absorptive power of the vessels there distributed, that we can disregard the admission of germs to the cavity without injury to the patient; but to admit pathogenic germs, for instance, to the knee-joint, during an operation, would probably be followed by disastrous consequences.

Abdominal surgery has created a surgery of details; it has pointed out and emphasized the utter impossibility of a dirty and careless man ever becoming a successful surgeon; it has demonstrated that clean surgery can be done without the use of chemical agents, and that it is best to exclude all septic matter from a wound, rather than attempt its destruction in the wound. That the use of antiseptic solutions will do no harm in general surgery, I do not believe for a moment, provided such solutions are used simply as additional safeguards against septic infection, and not to the exclusion of other aseptic methods. It has been my observation that the general surgeon will usually wash his hands carelessly in either a carbolic or bichloride solution; he will pay little or no attention to his finger-nails; will dip his instruments in the antiseptic solution, and probably place them, after he has done so, in a poorly cleaned receptacle; the sponges will be fresh from the drug store and will contain quantities of sand; he will handle the patient, bed clothes, and probably different articles of furniture, after his hands have been cleansed for the operation; and, strange to say, he will feel, if he has succeeded in getting nice flaps or has coaptated the cut surfaces in a manner pleasing to the eye, that he has done his duty, and will probably apply his anathemas against antiseptic surgery when septicemia and pus make their appearance. This is not an exaggerated picture; it is a true and candid statement of the facts, as they usually exist, especially away from medical centres. Abdominal surgery has told us in the most convincing manner, by its undreamed-of successes, that we must be clean and use clean appliances, and not feel safe in the attempt, always unsuccessful, to smother infection by chemical agents.

After cleanliness, the next procedure in importance is probably drainage. I heard one of our leading abdominal surgeons, a short time ago, state that if an operator would inform him as to how he used the drainage-tube in abdominal surgery, he would tell him, within an approximate degree, his mortality. This operator uses the drainage-tube more generally than is usually done, and as his experience has increased, so has the use of the drainage-tube become more frequent. Any fluid left in a recent wound is liable to undergo septic change, no matter whether it be serous or bloody, and no matter whether the fluid be in the abdominal cavity or confined between the flaps of an amputated leg. The abdominal surgeon has certainly impressed upon us, in a most convincing manner, the importance of this refinement; and allowing for the anatomical and functional differences between the abdominal cavity and the other regions of the body, the same rules and procedures will equally apply to drainage.

Dr. Joseph Price, in a paper read before this Association at its last meeting, on "Drainage in Abdominal Surgery;" said: "I have thus briefly set forth my ideas of the use of the drainage-tube, which, epitomized, may be stated as a surgical procedure which, without danger, eliminates to a great extent the danger of abdominal surgery—infection through the peritoneum. I believe the dangers referred to in connection with the tube are chiefly theoretical, and, for the most part, imaginary; and, when they are real, that they can be obviated and minimized to an extent which renders them of trivial importance compared with the risk that is run with the omission, or infrequent use of the tube in pelvic surgery." In my own abdominal operations I have several times dispensed with the drainage-tube, when I now feel convinced that it was needed and should have been used, and its omission was always followed by disastrous consequences.

Acting the part of the "sentinel" is another valued function of the drainage-tube, and that the information gained by it has enabled the surgeon to reopen a wound and stop hemorrhage that otherwise would have terminated fatally, we positively know. In brain surgery the drainage-tube is essential, and that abdominal drainage has stimulated its use here I feel sure; and we often see a clogging or displacement of the tube followed by paralysis and septic disturbance, which, without prompt interference, will pass on to coma and death.

In general surgery we should always, when possible, drain with gravity; the more direct the outlet for the wound accumulation, the better result will we have a right to expect. In this Association considerable discussion followed the reading of Dr. Price's paper, already referred to, and that of Dr. Clinton Cushing, on "A Contribution to the Study of Pelvic Abscess," relative to drainage through the abdominal incision, or through the vagina, as suggested by Martin. Drainage through the abdominal incision, when properly done, is not against gravity, as usually implied, for the tube is merely an opening through which we can pass the long nozzle of a syringe to Douglas's pouch, and suck up the fluid as it gravitates there; and as fast as the fluid accumulates it must be drawn off—if necessary, every half hour. In other words, the drainage-tube, practically speaking, is not the drain, but an opening through which the most dependent part of the cavity can be reached with the nozzle, and the fluid drained off as fast as it accumulates. The drying effect of a drainage-tube is an element of importance in surgery, for, by keeping a cavity dry, the oozing hemorrhage, that will take place from a denuded surface when bathed in a warm fluid, will stop. Drainage in all surgery has been encouraged and perfected by the successful achievements of abdominal drainage, and the truism, to "drain when in doubt" in abdominal surgery should apply with equal force to all wounds.

Great irrigation, with the minimum sponging, must be mentioned as a refinement that the general surgeon would do well to pay more attention to. The use of a large quantity of hot water will usually cleanse a wound, and will not irritate it; to cleanse by sponging will be hard to do, and then, if the wound be cleansed, it is apt to be irritated.

In a surgical procedure prolonged anæsthesia will cause shock, and is sometimes the cause of death in a patient who might have recovered had the operation been done more rapidly. I know of nothing in surgery to impress the operator more forcibly with this truth than an abdominal operation; and he who tarries in his work here, no matter for what cause it may be, must expect to have disasters from the effect of the long anæsthesia.

The peritoneal "toilet" must be thorough; the importance of washing out coagulated blood and *débris*, and having the cavity clean, cannot be overestimated. That the same care of toilet should be taken in the removal of a tumor or the amputation of a limb should be insisted upon, and the surgeon who will be painstaking and thorough in this respect will be fully rewarded by the favorable results obtained.

Before closing this paper, I must speak of the surgical habits engendered by abdominal surgery. For it is absolutely necessary that the successful abdominal surgeon be a cool man; that he be a rapid operator; that he be one that has confidence in his power to overcome complications and meet emergencies; and, above all, that he should depend upon no one save himself, and be able to conduct the operation with but little assistance from others. How difficult it is to get satisfactory assistance in the towns and country most of us have had cause to realize; even for one abdominal surgeon to assist another is, as a rule, unsatisfactory, unless the two have before been in cases together and the one understands the manipulative procedure of the other. Mr. Tait, in his abdominal operations, literally does everything himself, and the assistant is practically a figure-head; the greatest service he renders is in being not officious in handling instruments or otherwise, and in not putting his fingers where they will do harm. To minimize this risk in surgery, an operator must have as few instruments as possible to satisfactorily do the operation, and he must have them always so arranged in trays that he can pick them out himself and not trust another, and he must have a bowl of water convenient, that the instrument, before being returned by him to its place in the tray, can be dipped into this bowl. The sponges will require the care of an assistant, either doctor or nurse; but, with this exception, it will be rare that an operation, either in the abdomen or elsewhere, cannot be completed by the operator alone. Of course, an anesthetizer will be needed. The great aid that my abdominal operations have been to me in general surgery is my apology for bringing this paper before the Fellows of this

Association, and, if not from the paper, I hope at least that from the discussion will come some expressions of opinion that will be of benefit to us all.

MINERAL WATERS AND THEIR SUBSTITUTES.

BY JOHN AULDE, M. D.,

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The great reputation which has attended the use of mineral waters abroad should not have the effect of discouraging our own countrymen in pointing out the advantages of our own springs, many of them equal to the best that can be found in European countries. The large number of valuable thermal springs which have been discovered in the western portion of the United States is sufficient in itself to start the patient observer upon a tour of investigation with a view to determine their respective merits. In a late issue of one of the leading English medical journals, a brief note appeared regarding the attention which the various local resorts of this character had been receiving, and the project was commended, owing to the fact that so few persons were able to avail themselves of the advantages offered by a Continental trip.

An important addition in the use of mineral waters consists in a systematic course of massage, and this matter has received more attention of late than had been previously given it. Undoubtedly, much of the benefit derived from the use of mineral waters at the springs results from the conjoined practice of massage or other suitable exercise, and we find in this country, that where this method is not available, a substitute is attempted in the shape of regular and systematic exercise by walking or in a gymnasium. This, however, cannot be strictly enforced in the absence of a competent physician who should take exclusive charge of the patient, but the number of springs in America with a patronage sufficient for the permanent employment of a physician is comparatively few. In England, and on the Continent, resorts of this character are numerous, and are so popular that a physician can be on hand at all seasons, and patients visiting them for the benefit of their health are duly placed in charge of the physician who is presumed to be competent to decide upon the wants of the system and the best manner in which good results may follow the treatment. So efficient have methods of this kind become that various asylums are now to be found along the northern shores of the Mediterranean where invalids and children are taken during the winter months, and with suitable medicinal treatment a large number of formidable diseases are said to be decidedly benefited.

Probably the time will come when we can take advantage of the climatic influences afforded by the different mountainous regions in many western States and Territories in the treatment of pulmonary and other affections, by sending our patients to such localities where they will have in addition the benefits to be derived from massage and the use of mineral waters. For the present, however, it will be necessary that physicians in general practice should take a more practical view of this matter by advising their patients to avail themselves of change of scene, with the accompanying change in hygienic, dietetic, and climatic conditions, before it is too late to be of service. Too often it is the case that patients are sent to these distant resorts when all other means have failed, and when they should be permitted to remain at home with their friends and relatives to die in peace. The idea of proposing a trip of a thousand miles to a bed-ridden invalid carries with it a shock to the nervous system that no scenery or far-famed mineral waters can ever be expected to overcome.

If the physician can anticipate the benefits to be gained from a trip abroad, a sea-voyage, or a temporary residence in a mountainous region, a few months, or a year may effect marvellous results, but such advice is attended with danger to the reputation of the physician, and it comes about in this manner. If the patient comes home but little benefited, he and his friends may be willing to say that the physician was right as to the diagnosis of the disease, but was wrong as to treatment, and that had the patient remained at home under proper treatment, his condition would probably have been better. Again, if the patient returns to his home and business in improved condition with every promise of continued robust health, the physician's advice is again liable to be questioned, and the friends will say there was no necessity for squandering time and money in the pursuit of an unspecified something which was constantly in his possession.

The object of this paper, however, is a study of mineral waters, and their substitutes, rather than a disquisition upon the general advantages of health resorts with their accompanying mineral waters. It must be admitted that these waters possess medicinal value inherent in themselves, although there is no question about the greater benefit to be gained from residence at the springs, and the investigation will therefore be confined to a synopsis of the special therapeutic value of the different kinds of mineral waters and an inquiry as to how far artificially prepared waters may be expected to take their place for those who lack the time and financial ability to make these sojourns, which have of late become so popular.

A convenient sub-division of the different mineral waters will include nearly all of them in the following four groups: chalybeate, sulphurous, saline, and alkaline; although there are a large number of springs, principally thermal, which are not properly classed in either of the foregoing divisions. They derive their value for the most part from their temperature, but to some extent from their location, being generally situated in picturesque mountainous regions.

Chalybeate waters are known to possess remarkable powers in improving the condition of the blood, although it is believed by many that other constituents besides the iron contribute to this result. A factor to be taken into consideration in connection with the use of nearly all mineral waters is the presence of carbonic-acid gas, upon which Ebstein has laid so much stress. Whether we accept his views or not, there are good reasons for believing that this gas possesses valuable properties incidentally, if it is not directly active as a therapeutic agent. Ebstein is credited with the notion that glycogen and diastatic ferments are to be found in the circulating fluid, and that when these substances are sufficient in quantity the one acts upon the other, producing sugar; in the presence of carbonic acid these changes cannot take place, and thus diabetes either temporary or permanent is prevented. Ordinarily iron is taken into the system along with food, but the quantity when compared with the medicinal dose of the drug is comparatively small. So it is with the use of chalybeate waters; only a small quantity is added to the amount normally ingested, even when iron waters are taken in considerable quantity. No one should want for a simple chalybeate water when it can be prepared by adding to ordinary spring water a few old nails and a small quantity of some suitable acid. Possibly chalybeate waters contain other ingredients which make the combination more valuable than such as has been suggested, and besides, no instructions have been given concerning the precautions required to prevent the development of microbes, but modern asepsis will take that matter into account.

Although the amount of iron actually found in the blood is very small, yet its exhibition in comparatively large doses is often attended by the best results, but this fact should not lead us to assume that it is wholly innocuous, as when these large doses are too long continued, the equilibrium of the nervous system is affected. True, iron poisoning is not of such frequent occurrence as lead poisoning, or arsenical poisoning, but evidences of its bad effects are not wanting in many cases which come under observation. Whatever may be the peculiarity of chalybeate waters which contributes toward the improvement of the general system, we should accord to them a prominent place in therapeutics, because of the good results which follow their judicious application, and further owing to the comparatively small amount of the metal taken into the system; and waters of this character are so numerous in this and other countries that it seems a work of supererogation to attempt to supply substitutes. Not infrequently these waters contain other valuable ingredients which add materially to their availability in special cases, but of that the physician will be the best judge. In this connection it would not be out of place to mention as an illustration the Rockbridge Alum Springs of Virginia, which contain in addition to the iron, a considerable quantity of alum, and for this reason they have been recommended, and have been used with most gratifying success in the treatment of catarrhal affections of the alimentary tract—an incident which leads to an observation regarding the astringent action of iron itself. A depressed condition of the general system from long-continued derangement of the primary assimilation will respond promptly to the use of a drug which has for its object the reduction of an unhealthy secretion from all mucous surfaces, and this knowledge has been taken advantage of in such instances, and iron has been found of especial benefit as a prophylactic agent against intestinal parasites.

Sulphurous waters are valuable owing to the hydrogen sulphide they contain and the accompanying carbonic acid, but the efficiency of sulphur as a remedy has long been recognized. Of late years the most active supporter of this method of treatment has been Dr. Garrod, of England, who has contributed some extremely practical articles upon this subject. His method of treatment in quite a wide range of maladies is confined to the administration of a small lozenge containing five grains of milk of sulphur and one grain of cream of tartar at bed-hour, and judging from his reports, the results are eminently successful. This digression could not well be avoided from the fact that it shows conclusively that sulphur in comparatively small doses can be made available for the treatment of diseases which are to all appearances decidedly formidable. The amount of hydrogen sulphide contained in mineral waters is so small that few who have not had opportunities of studying the effect would scarcely be willing to give due credit for the marked changes which follow their use.

In this country numerous waters containing sulphuretted hydrogen are to be found, amongst which may be mentioned Crab Orchard Springs of Kentucky, the Avon and Sharon Springs of New York, and quite a number of sulphur springs in Virginia. In England, probably the most popular of this class are to be found at Harrogate, but on the Continent they are numerous and have attained great reputation, doubtless owing largely to the diligent attention they have received from their owners. Substitutes for these waters are prepared with some difficulty on account of the inability of manufacturers to measure and control the gas during manipulation. An attempt was made some years ago to place upon the market the salt obtained by evaporation from the Crab Orchard Springs, but it was found after a time that this product was much less active than the water after transportation, and consequently the venture proved unprofitable and was abandoned. With a view, however, to increase its portability, a concentration has been offered which furnishes a very satisfactory substitute, but of course the effects from the use of this concentration are not equal to that of the natural waters. With the use of this product, I have met with very good results, when used for a short time, the greatest objection being the repugnance to its peculiar odor, which patients manifest as soon as they begin to recover from the maladies it was intended to subdue. At the springs, this objection is not so likely to obtain because of the enthusiasm with which patients go about it, and probably in addition, because of the good results which are apparent.

At some of these springs, arrangements have been made by which the water is reduced to a fine spray, and good results have been reported from the inhalation of the gas thus freed, in cases of pulmonary troubles. At the Sharon Springs in New York, this method has been attended with most gratifying success, but abroad for many years the plan has been in successful operation. The large number of diseases for which sulphur is indicated would naturally bespeak for this water a favorable reception; malaria, diseases of the liver with the accompanying skin diseases, lead-poisoning, syphilis and other disorders, are all especially amenable to the use of sulphur.

Substitutes can be had, and will be found efficient for those who cannot take advantage of a visit to the springs, but it is needless to say that practitioners as a rule do not give attention to such matters as they do to the exhibition of the usual drugs of the materia medica. This criticism appears to be warranted if we judge from the testimonials accompanying the advertisements issued, as amongst them may be found endorsements of gentlemen who stand high in the profession. It is but reasonable therefore to assume that many of those in general practice have but a limited idea of the advantages of mineral waters until the subject is brought out in the course of consultations. Popular prejudices and sympathies should not influence the scientific physician, but there is no valid reason why he should not take account of these surface indications when he has to deal with diseased conditions, so that when it becomes advisable for a patient to take an outing, he should have the best advice. It is impossible to prevent patients from hearing of remarkable cures which have followed a sojourn at some watering place, and we would not prevent it if we could, but when there is a possibility that one of our patients may be able to secure advantages of this kind, it would be very unfortunate that he should hie himself to some far away spring that could be expected to afford him but little benefit.

Alkaline and saline waters furnish the best opportunities for substitution from a chemical standpoint, and yet it does not seem, with the large number of springs of this class, that such methods would be necessary. The demand arises in various ways, and from different causes. The special cases in which they are recommended are practically isolated; when they cannot be procured from the local druggist direct without a special order, the first cost is so much more than a bottle of medicine that the physician often hesitates about ordering a remedy which will scarcely be appreciated. There are so many brands that the druggist does not feel justified in keeping a stock on hand, and the result is, that even where they would afford decided benefit, the difficulties attending their purchase are often unduly magnified. Another question entering into this subject is that of purity; not particularly the purity of the product as regards the particular spring from which it was obtained, but the possible deterioration which has taken place during the time the water has remained in the bottles, and the possibility of micro-organisms having found their way into the receptacles previous to the bottling process. It is but a short time since that this matter has been brought to the attention of the profession, and it has been suggested that possibly microbes may be a useful accompaniment. The claim is even advanced that some of the more popular mineral waters are dependent for their activity upon the presence of microbes. While it is unnecessary to comment at length upon this point, it may be mentioned that the vitality of the original organisms is liable to be exhausted, but we are not so sure that others do not spring up to take their place. This is certainly one of the most serious objections to the use of mineral waters at points distant from the fountain-head, but it can be met and overcome by the use of artificially prepared waters such as we find in both the alkaline and saline group.

In looking up this matter lately, and studying how these difficulties might be overcome, my attention was attracted by the advertisements of various manufacturing chemists, who offer a number of these salts in the form of a granular effervescing powder. A teaspoonful of the powder can be readily dissolved in a goblet of water, and drunk while effervescing. Thus we obtain the combined effects of the mineral constituents as well as the carbonic-acid gas, and the use of substitutes for the waters is reduced to an exceedingly simple procedure. This method, however, has its disadvantages, owing to the fact that it is impossible to produce in the laboratory in this form the different salts in quality which shall correspond with the actual constituents of the original waters. The object can better be accomplished by omitting the process of granulation, when the solution of the proper strength must be charged at the soda fountain with carbonic-acid gas, and we are thus furnished with an apparently perfect substitute for the various mineral waters. A certain amount of the salt is required for the manufacture of a definite quantity of the water, when this solution is charged in the usual manner. The druggist is then prepared to supply the consumer at any time with a chemically prepared substitute for any of the more popular mineral waters. In case the patient is unable to visit the store, it will only be necessary to supply him with the water in a syphon, which will bear from 60 to 80 pounds pressure, when it can be taken by the patient at his home in accordance with the directions of the physician.

While upon this topic it may be worth while to mention some of the more conspicuous indications for the exhibition of alkaline and saline waters, and it should be added that in this country there are a number of very valuable springs which afford decided benefit in the class of cases for which they are especially indicated. It is a satisfaction, therefore, to know that we can make a choice between the waters of the foreign springs at the wells, or bottled, the imitations of them which have been made to conform with the published analyses, and waters of a like character to be found in the United States. An opportunity is thus given for studying the action of any prospective water before sending the patient to a distant region, by which we are enabled to some extent at least to anticipate the good which will attend upon a sojourn at the springs.

The special indication for the use of alkaline waters may be said to be in the treatment of lithiasis and allied affections, including, of course, those derangements of the alimentary canal which co-exist with the acid diathesis. Amongst the foreign alkaline waters Vichy is probably the most popular, but we have in this section of the country the Farmville and the Buffalo lithia springs, both of which can be conveniently reached by rail, or the waters can be brought to the residence by rapid methods of transportation. The Bethesda Spring of Wisconsin has attained wide celebrity, and is very popular throughout the West.

A note should be made here concerning the supposed influence of these alkaline waters upon the blood, which, if true, might be useful to remember in connection with the treatment of phthisis and other wasting diseases. I refer to the fact that increased alkalinity of the blood has a tendency to improve its oxygen-carrying power—a circumstance which was pointed out many years ago by no less a personage than M. Cheuverel, the centenarian; while later the idea has been advanced that the alkaline treatment might be valuable in itself. In some forms of disease Mialhe has strongly advocated the use of sodium bicarbonate alone, and Sternberg's method of treating yellow fever practically resolves itself into the alkaline treatment. Alkaline waters also possess in many instances certain saline constituents owing to the presence of sodium chloride, but frequently the effect of taking simple alkaline waters amounts to the same thing as the use of salines, as the carbonates contained in the alkalines are changed when they enter the economy into the chlorides.

Memminger has lately recommended the generous use of salines in the form of sodium chloride for the relief of Bright's disease, but his views have not yet been confirmed by other observers. The stimulating effects of ordinary sea-water baths are well known, and in our own State, the great repute of the saline waters of Bedford has for years attracted a large number of health seekers to that mountain resort. California also has its saline waters, while Las Vegas, New Mexico, with an altitude of over 12,000 feet, has its salt well containing a large percentage of sodium chloride. The saline waters of Saratoga have been instrumental in building up and maintaining the reputation of that delightful region, while to those suffering from rheumatic affections and kindred disorders, the wells of St. Catharine's, Ontario, Canada, may be set down as the Canadian Mecca.

Having thus briefly sketched some of the indications for the use of mineral waters as well as the most promising substitutes, and hinted at certain measures which may be added, like massage, and climatic changes, it will be sufficient in conclusion to say that this subject is growing in importance, and without attention on the part of the physician, his patients will shortly be better posted regarding the different resorts than he himself. The diligent attention which is given to advertising by the proprietors and by railway lines may result in carrying our patients to sections of country and to waters that will prove less beneficial than others which would have been selected, because of the seductive character of the advertisements.

4719 Frankford Avenue.

OVARIOTOMY: A CASE, WITH EXTENSIVE ADHESIONS.

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A white woman, fifty-nine years old, who had been a widow for many years, with a son thirty years of age, suffered during several years with a tumor on the left side which gradually filled the entire abdomen. The case was treated by several would-be specialists as dropsy, without effect, and, coming under the observation of Dr. G. G. Roy, was diagnosticated as an ovarian cyst, in which diagnosis, upon examination, I concurred.

An operation was undertaken on July 27, 1889, with the co-operation of Drs. G. G. and C. D. Roy and Dr. J. G. Earnest. After thorough cleansing, an incision one inch long was made in the linea alba, midway between the umbilicus and pubes, but finding close attachment of the tumor with the parietes, an attempt was made to dissect the adhesion, by cautiously picking up the tissues with the forceps. An opening being thus made unintentionally into the sac, the large trocar was introduced with the tube tied so as to prevent the escape of the contents, which presented a grayish dark appearance. The incision was then carried through the parietes up to the umbilicus and downward near the pubes, discovering with much difficulty a point at which the finger could be introduced for the separation of the peritoneal coats of the sac and the abdominal wall. The adhesions throughout the anterior and lateral outline of the tumor were so dense as to require considerable force for their separation, and a general oozing of the capillaries upon the parietal surface ceased after repeated sponging with a hot carbolized solution.

The tube connected with the trocar being opened, and a large portion of the contents of the cyst being evacuated, the sac was drawn through the incision and freely opened for a speedy discharge of the fluid. An indurated mass, with a number of small gelatinous cysts, remained after the contents of the immense sac escaped, and the pedicle of the tumor involved the left broad ligament along with the degenerated ovary. A large curved needle, armed with No. 14 iron-dyed silk, was carried through the pedicle, and the thread being cut, was tied on each side and then carried around the entire mass, so as to constrict the whole pedicle. The tumor was then cut away three-quarters of an inch outside of the ligature, the ends of which were held outside the incision, while fresh carbolic acid was passed over the tissues of the incised pedicle and the threads were then divided near the knot. After sponging out the abdominal cavity, hot water, with a one per cent. solution of carbolic acid in alcohol, was poured into it, and after manipulating the walls of the abdomen the patient was turned upon her side for its escape, while the hands prevented the escape of the intestines. In the meantime it was discovered that blood in considerable quantity was escaping from the vicinity of the pedicle and a vessel was tied by transfixing the tissues near it, which arrested the hemorrhage completely. It appeared as if a portion of the tissue of the pedicle might have escaped from the ligature, or that a laceration of the tissues had occurred from the traction while applying the ligature upon the pedicle, and yet at the time of cutting off the ends of the thread there was no bleeding.

I assisted my colleague Dr. Earnest two years ago in an ovariotomy which presented identical conditions, with the exception that in his case the blood was venous, while in this instance it was arterial. The readers of the REPORTER will also recollect my report of a laparotomy with ablation of the womb, while in Brazil, in which the cervix was ligated in three divisions by transfixion, with an investing ligature around all, and yet hemorrhage ensued, after the dressings were completed. It has seemed therefore a proper occasion to draw attention to the importance of noting well the condition of the stump or pedicle in these operations before closing the abdomen, as in neither instance did hemorrhage appear immediately after the excision. I am aware that much is claimed for the Staffordshire knot; but it strikes me that more depends upon the proper tension in the ligation, so as not to be so slack as to admit of the flow of blood after shrinkage, nor so tight as to sever the structures included. Transfixion is an effectual security against the slipping of the ligature over the end of the pedicle, if it is cut half an inch from the ligature. In the case which forms the subject of this paper the sanguineous collection was removed with sponges, the small intestines and the omentum were replaced and the peritoneal toilet was completed. The incision was closed with twenty interrupted sutures of iron-dyed silk passing through the parietes and the peritoneum, without any drainage. Iodoform was dusted over the line of union and this covered by iodoform gauze, outside of which was placed a thick fold of absorbent cotton, covering the entire surface of the abdomen. A broad roller of flannel around the body was secured with safety pins, affording firm support to the viscera from which the pressure of the immense tumor had been taken away by the operation.

It is not out of place here to urge upon the attention of operators the necessity of such a compress after the removal of large abdominal tumors, and thus preventing the undue enlargement of the blood-vessels supplying the viscera, which might lead to the development of inflammation.

The A. C. E. mixture was the anæsthetic employed, and the satisfactory result in this as in many other protracted operations commends it to the confidence of surgeons. After its effects passed off a hypodermic of one-quarter of a grain of morphine with $\frac{1}{150}$ of a grain of atropine was administered. The patient rallied without nausea or vomiting, and passed the night quietly. It may be noted that there was no failing of the vital powers during the operation nor indication of shock subsequent to it. There was only a slight febrile reaction on the third day, the temperature reaching 101° and the pulse 110 beats, and this passed off under the influence of a tablespoonful of castor-oil with a teaspoonful of turpentine. Some tympanitic distension with tenderness of the abdomen disappeared also, and there were no further symptoms threatening peritonitis, much to the satisfaction of all concerned. As the bowels were disposed to be torpid, a dose of castor-oil and turpentine was taken every two or three days; and I would remind my colleagues of the virtues of this combination, which in these latter days have been set aside by the new fangled hobbies of visionary theorists.

On August 2, every alternate stitch was removed from the incision, and on August 5, the remaining ten stitches were cut away without any sign of suppuration even along the track of the stitches. The entire line of the incision seemed to be united by first intention and there were no indications of an inflammatory nature upon palpation over the abdomen. The line of union was kept dressed as in the outset with iodoform, iodoform gauze and absorbent cotton, secured with the flannel roller.

To my surprise on August 6, there was some exudation from the lower extremity of the wound, and this extended upwards subsequently until the edges of the entire incision presented a line of suppuration to a very limited degree and evidently confined to the cutaneous tissues. Upon drawing the edges apart the subjacent structures were found united firmly, and doubtless the borders of the peritoneum had been agglutinated by adhesive inflammation.

Adhesive plaster was applied to keep the margins of the skin in apposition for a few days, but were soon dispensed with, as there was no disposition to separate, with the routine dressing of iodoform, gauze, cotton, and flannel rollers. Gradually the suppuration diminished, and union progressed from above along the line of the incision until all was completely closed, but the compress was retained. It was requisite to draw off the urine with a catheter during the first two days, and her fecal evacuations during this period were in a bed-pan, as the woman was not allowed to get up. But after this date she sat up and had no further trouble with her discharges of urine or feces, while her appetite declined.

At this period there was a phase of thc case which calls for special notice by all practitioners. The patient had abandoned her pipe from the time of the operation without intimating to her attendants anything connected with the habit of smoking. When her appetite lessened notwithstanding the use of tonics and her mind was verging upon imbecility, so that her family and friends were apprehensive in regard to her sanity, Dr. G. G. Roy ascertained that she had been accustomed to smoke and advised that this habit should be resumed. The use of the pipe acted like magic and she was soon again on the highway to restoration. On September 1, the patient was dressed and out of bed, going to her meals since with the family and enjoying her full share of the table comforts. On September 12, her removal in a carriage, some squares' distance, was not attended with any inconvenience to the patient, and she was found sitting out upon the piazza without any signs of fatigue. On September 17 there was no local or general trouble, and the patient was dismissed from medical care.

It is frequently uncertain, even after careful examination, whether the fluctuating abdominal distension in a case of this sort depends upon the collection of fluid in a cyst or in the peritoneal cavity. To confirm the diagnosis the opening through the parietes may be small, as in this case, and should the case prove to be one of ascites, the fluid is evacuated and the small incision gives no trouble. On penetrating the sac, had the extensive and intimate adhesions of the surfaces been known I might have been tempted to drain off the contents of the sac and close the smaller opening. But the favorable result demonstrated the propriety of completing the extirpation of the tumor. A former fatal result of drainage sufficed to deter me from it.

THE USE OF CARBONATE OF AMMONIA.

BY JOHN M. CURRIER, M. D.,
NEWPORT, VT.

In the REPORTER, Aug. 24, 1889, I notice a quotation in which carbonate of ammonia is said to have been used with great success as an emetic. I have used the carbonate of ammonia in delirium tremens and drunkenness for over twenty-five years; not particularly as an emetic, but as a stimulant in cases characterized by feeble pulse, pallor, extreme nervousness, and sometimes delirium. I usually combine five or ten grains of carbonate of ammonia with two grains of powdered camphor, one grain of ipecac, and one-quarter grain of opium. This dose I repeat in from two to four hours. The quantity of carbonate of ammonia I vary somewhat in proportion to the depression. This combination seems to stimulate the heart pulsations, and to relieve the gastro-intestinal congestion. I rely upon the ammonia as the main ingredient, regarding the others as adjuvants, sometimes giving the former alone. In cases of gastric catarrh in children, accompanied with vomiting, I have given carbonate of ammonia alone, with the effect of checking the nausea, and a speedy return of a clean tongue, and a demand for food.

PERISCOPE.

Leprosy in Turkey.

At the meeting of the Academy of Medicine of Paris, August 13, 1889, M. Zambaco communicated the results of his investigations of leprosy in Turkey and in the different provinces of the Ottoman Empire. He declares that he has demonstrated but a single case of true contagion. In the numerous mixed marriages, which he has seen everywhere, the disease was never transmitted from the leprous party in the marriage to the other. Nearly always a single member of the family remains leprous, though his life in the midst of his family has been often very long, and no special precaution has been taken against the transmission of the disease. In general, the localities in which leprosy ravages are inhabited by classes living in the greatest misery and in the most sordid filth, feeding on putrefied food, intemperate in the use of alcoholic drinks and exhausted by hard work. Temperature and humidity also play an important part in the development of leprosy in the countries in which it is endemic. The variations of temperature act upon the capillary circulation of the skin, which they chill and heat again at intervals; while moisture depresses the nervous system. On the other hand, it seems that leprosy is contagious in certain countries but not in others. To sum up, the author says that if leprosy be contagious it is so only in an altogether exceptional way—at least in the localities in which he has pursued his investigations.—*Gazette Hebdomadaire*, August 16, 1889.

Fecal Tumors in Obstetric Practice.

Dr. Letenneur, in a Paris thesis, has made a study of fecal tumors occurring in obstetric practice *àpropos* of a very curious observation. In a woman pregnant at term a tumor of hard consistency was demonstrated. It occupied the left half of the abdomen and the pelvis. It pushed out of the pelvis the gravid uterus, which projected into the right half of the abdominal cavity, and applied the walls of the vagina against each other. It was thought that there was a fibroma or a malformation of the pelvis; and as labor had then lasted forty-eight hours, the Cæsarean operation was thought of. But Letenneur recognized that he had to deal with a considerable accumulation of feces in the large intestine, which was excessively dilated, the accumulation occurring in a woman who had had a congenital atresia of the rectum, which had been operated on at birth but still presented a valvular contraction at the union of the anus with the rectum.

The large bowel was emptied of fecal matter by the introduction of the hand into the rectum. Delivery terminated at once. Letenneur states that fecal tumors are often caused by a congenital malformation of the anus and rectum. At times they interfere with pregnancy, but at times it continues its course. At the moment of delivery they can stop labor. Treatment consists, of course, in emptying the bowel.—*Gazette Médicale de Paris*, August 17, 1889.

Repair of Tendons.

In a lecture, published in the *Bulletin Médical*, Sept. 4, 1889, Professor Poncet relates the case of a young woman, 22 years old, who came to him for almost complete loss of the power to flex the middle finger of the right hand, dating from a cut received in rinsing a bottle six months before. Immediately after the accident the finger was roughly straightened, and since then could not be flexed. When Prof. Poncet saw the patient, there was a barely visible scar immediately below the corresponding digito-palmar fold; the scar was small and white. The middle finger, which was in complete extension, had no movement except those given it by the interossei; the phalanges had absolutely no movement of flexion. The diagnosis was complete section of the deep and superficial flexors of the right middle finger. Starting a little higher than the cicatrix, Poncet cut down, and came upon a grayish, fibrous, cylindrical cord, smaller than the ulmar nerve. It was not adherent to the skin, but was adherent to the neighboring tissues, especially posteriorly. The skin incision was prolonged downward, and especially upward. This brought him to the neighborhood of the palmar arch. Here the cord referred to was swollen, club-like, and continuous directly with the flexor tendon, which was easily recognizable by its different characters. On the finger side the same cord was continuous with the inferior end of the superficial flexor, a little below the digito-palmar fold, thus establishing a perfect continuity between the two ends of the divided tendon.

Prof. Poncet proceeded to free the tendon of the new formation and of its adhesions. When this was accomplished it was found that traction upon it flexed the first phalanx and to a slight degree the third. The two ends of the deep flexors were discovered behind the superficial flexors, and were glued to the extremities of this last tendon. The section of the two flexors had, therefore, been complete. The lips of the cutaneous incision were united with a few catgut sutures, and the hand—the middle finger being semi-flexed—was immobilized in a antiseptic dressing. Five days afterward the patient could move the two last phalanges, union by first intention was complete, and solid adhesions had not had time to form between the inter-tendinous scar tissue and neighboring tissues. At the time of the lecture, ten days after the operation, movements were more extended, and no doubt was entertained as to the recovery of the function of the tendon.

New Investigations Upon Rabies.

Di Vestea and Zagari, in the *Fortschritte der Medicin*, 1889, P. 241, refer to their earlier works upon rabies, and mention critically the newer works upon the subject by Bardach, Roux, Hogyes, Ferré, Helmann, Roux and Nocard, Babes, and Csianturco; they then go over their own new experiments. They inoculated rabbits in the parenchyma of the nerves with the virus, and obtained in this way just as certain results as in trephining. In dogs they obtained 13 positive results in a total of 23 experiments. Some of the dogs which survived showed, a certain time after the infection, beginning symptoms of the disease: deficient appetite, a condition of great excitability, spastic contracture of the inoculated limb, and great sensitiveness on irritation of the wound; these symptoms disappeared after a few days. One of the dogs was repeatedly inoculated, but was completely refractory. Intravenous inoculation in guinea-pigs had likewise no constant effect. The authors believe that the technique is in part to blame for this, as inoculation of the small nerves of guinea-pigs is extraordinarily difficult to carry out; for, when the poison is injected only under the sheath of the nerve and is not brought in direct contact with the injured nerve substance, no positive result follows. It is probable, as Bardach suggests, that in such cases the virus is taken up by the lymph vessels and destroyed by phagocytes.

In order to meet the objection that in the inoculation of large nerve trunks—vagus, sciatic, median—other more favorable conditions are given than in the finest peripheral nerve twigs, the authors tried the following procedure: After removing the skin and localizing the finest nerve fibres, a small wound was made, a little nerve branch laid bare, divided, and a drop of the virus instilled upon the cut surface. The wound was then sewed or closed with collodion. In this manner just as certain results were obtained as by the inoculation of the virus into the large nerve trunks, even in guinea-pigs. If the nerve twig was only laid bare and brought in contact with the virus without being severed, then the animals usually survived, or sickened much later. If the animal whose nerve was divided was killed in the beginning of the symptoms of paralysis, then only that end of the spinal cord which was in immediate relation with the point of inoculation, was virulent. In pronounced paralysis, however, the medulla oblongata and the lumbar cord were virulent; though the virus was more concentrated in that section of the cord which was near the point of inoculation.—*Centralblatt für die med. Wissenschaften*, July 27, 1889.

Relapse in Sarcomas of the Limbs.

Dr. Patron, in a Paris thesis, gives 132 observations on sarcomas of the limbs, and shows the happy influence of surgical interference. The number of recoveries obtained by operation is nearly double that of the relapses. These are, however, the more to be feared the younger the patient and the more rapid the development of the sarcoma. It does not make the prognosis of the affection much worse. The average duration of the recovery is sufficient to justify surgical intervention even in sarcomas that have relapsed. The choice of operation has not as much influence upon the result as the age and the development of the sarcoma. — *Gazette Médicale de Paris*, August 17, 1889.

The Physician's Rights in Fixing a Fee.

Judge Brady, of the New York City Supreme Court, has decided, in an action by a surgeon for professional services that the plaintiff has a right to show that his standing in the profession is high as bearing upon the question of the measure of his compensation. The judge further said: "There is also evidence tending to establish a custom or rule of guidance as to charges of physicians for services rendered, and which makes the amount dependent upon the means of the patient—his financial ability or condition. This is a benevolent practice, which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed, there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained. Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reduction to be made on account of the circumstances of his patient; and therefore, when the amount is in dispute, it follows that it is to be determined by proofs to be given on either side. The measure of compensation must be controlled more or less by ability in all the professions, and the service rendered by its responsibilities and success."—*Druggists' Circular*, July, 1889.

Gynecology in General Practice.

At the meeting of the Staffordshire Branch of the British Medical Association, May 30, Dr. Lycett read a paper on Gynecology in General Practice, advocating reform in the character of the teaching of gynecology at the English schools, which compares unfavorably with that of the Scotch and Irish. Owing to the modern successful treatment by surgery of so many abdominal diseases, the responsibility of the general practitioner, he said, has much increased. It is imperative that he should early be able to recognize the cases which should be submitted to abdominal section. Every practitioner ought to be acquainted with the details of opening the abdomen, and to be provided with the essentials for such an operation. If Porro's operation were to supersede craniotomy, the general practitioner should be so instructed as to render the maternal mortality no greater than it is at present when the life of the child has to be sacrificed. He gave illustrations of the difficulty which might attend making a diagnosis. Sometimes the resources are inadequate, or the practitioner is prevented from making a satisfactory examination. His isolation is a disadvantage, especially when an anæsthetic is necessary, as this ought never to be given in private practice without the presence of another practitioner. The wide range of professional knowledge expected from the all-round practitioner necessarily places him at a disadvantage, as the mind of man, though capacious, cannot embrace the present collective information made known by individual work.

The Use of Alcohol in Disease.

In the *Forum*, July, 1889, Dr. Austin Flint says that the question of the administration of alcohol in fever is one that cannot be avoided. In his judgment, this question should be discussed from a scientific standpoint only. In the face of the difficulty which exists in supplying matter for oxidation in the body to feed the exaggerated calorific processes, the use of any agent which will meet this want cannot logically be condemned on sentimental grounds alone. Even if alcohol be regarded as a poison, it must be remembered that poisons are often useful in medicine, and save life. From a purely scientific point of view, it may be admitted that, in perfect health, alcohol is not useful and is deleterious. As physicians study the poisonous action of certain remedies in learning how to use them with happy effect, so what may be called the physiological effect of alcohol may be studied as a preparation for its use in disease. In certain diseases, particularly in fever, it is well known that very large quantities are tolerated, and this is because the alcohol is promptly oxidized and makes no impression, as alcohol, on the nervous system. In disease, as well as in health, even a slight development of alcoholic intoxication is followed by a reaction which is more or less injurious. Alcohol is by no means to be used indiscriminately in fevers. It is indicated only when there is a persistence of very high temperature, with great feebleness, rapid pulse, etc., showing intense and alarming general depression. Its value depends, not upon its stimulating effects upon the nervous system, but upon its rapid oxidation. It is promptly taken up by the blood, requires no preparation by digestion, and is oxidized even more readily in fever than in health. In so far as it is oxidized, it supplies material for combustion and saves the tissues from degeneration and destruction. There is a theory that the carbohydrates of food (starches and sugars) are deposited in the liver, discharged into the blood as required, in the form of a substance called glycogen, which is converted into alcohol, and then oxidized. There are many strong facts and arguments in favor of this view; and if it be true, the administration of alcohol in fever is simply the introduction of a carbohydrate in such a form that it can be promptly used in supplying material for heat, the digestion of other carbohydrates being difficult and slow. A calculation of the heat-value of alcohol shows that one quart of French brandy when oxidized produces as many heat-units as a man of ordinary size would make in twenty-four hours. As a matter of actual observation, a quart or even more of brandy has been given in cases of fever in twenty-fuor hours, without any indications of alcoholic intoxication, and with the effect of actually reducing the temperature. The popular interest in the question of alcohol seems to render it desirable that the position of physicians who use this agent in disease should be clearly defined. Taking fever as an example, physicians give alcohol simply as a readily oxidizable carbohydrate, and not for what is commonly known as an alcoholic stimulant effect. Although in certain cases it may be given very largely, it is stopped or the dose is diminished whenever the slightest indication of alcoholic intoxication is apparent. It would be difficult to find an instance of the alcoholic habit directly referable to the use of alcohol in fever; and indeed, as far as habit is concerned, it would be much more logical to condemn opium than alcohol. No physician would be willing to eliminate opium from his *materia medica*. Those who refuse to administer alcohol under any circumstances deprive themselves of an agent that is often most potent for good, and must occasionally sacrifice life to what the majority of intelligent physicians regard as a prejudice.

Mixture for Waxy Concretions in the Ear.

The following formula is suggested in *La Clinique* with the view of facilitating the removal of accumulations of wax in the external auditory meatus:

℞	Acidi borici	gr. lv
	Glycerini	f℥jss
	Aquæ dest	f℥jss

This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Medical Recorder*, June 20, 1889.

Non-Poisonous White Lead.

The report comes from England that a chemist of that country has brought into notice a non-poisonous white lead paint, but his paint is not the *carbonate* but *sulphate* of lead. That this form of lead will be less poisonous than the form in which it has hitherto been used is highly probable. It yet remains to be seen, however, whether it can be considered non-poisonous and whether workers in it will be free entirely from the danger of chronic lead poisoning. —*New Idea*, June, 1889.

A Novel Question as to Anæsthetics.

A curious point, which has some practical interest for medical men, has recently been decided by a French law court. A workman, who, in passing the Church of St. Eustache, had been injured by a stone which fell from the building, brought an action for damages against the City of Paris and the church authorities. He alleged that the accident had caused paralysis of his right arm, consecutive to fracture of the clavicle. Three doctors were ordered by the Court to examine him. In order to exclude the possibility of malingering, these gentlemen proposed to conduct their examination under chloroform. The man refused to submit to this, and pleaded that he should not be compelled to undergo a proceeding which might possibly cause his death. His counsel argued that though it might be legal to anæsthetize against his will a person accused of a criminal offence, it would be unjust to apply the same rule to a man seeking compensation for an injury he had suffered. The Court decided that whilst the medical men had the right to make whatever examination they considered necessary in the interests of justice, the plaintiff could not be compelled to submit to a test which, rightly or wrongly, he believed to be dangerous to his life or health.—*London Medical Recorder*, June, 1889.

Nursing in Private Families.

In the *Trained Nurse*, July, 1889, the following regulations of an English training school are recommended to the attention of superintendents and all who may engage nurses:

1. All payments for the services of a nurse must be made direct to the institution, and not through the nurse.

2. No one may retain a nurse continuously for more than two months without special leave from the superintendent; and, if leave be granted, an extra payment of $2.62 per week for the additional term will be required, and such extra term shall not exceed two months.

3. No nurse may be transferred by one employer to another. The superintendent has, however, authority to withdraw or change nurses at any time, when it is thought expedient to do so.

4. The nurse must, when required, keep the patient's room and her own clean and tidy.

5. Patients and their friends are requested not to offer money to nurses out of gratitude.

6. Twenty-four hours notice must be given to the superintendent of the return of any nurse.

7. The nurse should be allowed to attend church at least once every Sunday, should the state of the patient allow it.

8. The nurse should always receive the consideration and attention which may reasonably be expected by one who is contributing essentially to the comfort of the sick member of a family.

9. The nurse's meals should not be taken in the sick-room, but should be taken separately from the servants when practicable.

10. The nurse must not be permitted to have wines or spirits, except by the express order of the medical attendant. Where a nurse is sitting up at night, extra tea, coffee, or cocoa, should be provided, together with food.

11. The nurse should be permitted when required to sit up at night, to have seven consecutive hours rest out of the sick-room, in addition to one and a half hours for meals, and an hour for out-door exercise; and when employed in continuous night-nursing, she should be allowed at least one night in seven of undisturbed rest in bed.

12. The nurse must wear her nurse's dress at all times during her attendance.

13. The nurse must hold sacred the knowledge she may obtain of any of the private affairs of the family by whom she is engaged.

14. The nurse, on going to a case, will deliver to the friends of the patient a copy of these regulations, and a blank form of certificate (with which she will be supplied); and upon her leaving it is requested that the latter may be filled up and forwarded, without delay, by post, to the superintendent.

Presbyterian Hospital Training School.

The regulations to govern the training school for nurses, lately instituted at the Presbyterian Hospital, in Philadelphia, have been completed. An applicant will be required to give a short biographical sketch of herself, and to submit the name of one physician and one respectable citizen as reference. The course will be for two years, the compensation for the first year being $60 and the second $100.

The course of training will comprise the men and women's and children's medical and surgical wards and gynecological ward, with district and private nursing. Classes will be held weekly, and personal instruction given in the wards and at the bedside. Examinations will be held during the course, to determine the progress and efficiency of nurses, diplomas being issued upon completion of course.

To Abort Furuncles.

Jorissen recommends, to abort boils, one or more frictions daily with an ointment composed of

Red oxide of mercury	5 grains
Lanoline	1 ounce

Each friction should last for three or four minutes.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

TOLERANCE OF OPERATIONS ON THE LIVER.

Professor Ponfick, of Breslau, has been for a number of years engaged in making experiments in regard to the relation between the liver and certain anomalies in the formation of blood; and, in the course of these investigations, he has made some very striking discoveries, which, although not directly connected with the object of his investigations, are yet of very great importance. One of the most curious results of his experiments has been the discovery that the animal functions may be conducted without serious disturbance even after the loss of a very large portion of so important an organ as the liver. In some cases, operating with strict antisepsis, he succeeded in removing as much as three-fourths of the liver, either at several sittings, or in one single operation; and the animals upon which he experimented did not lose their lives, nor seem to be seriously disturbed in their health. In hundreds of experiments, in which he removed sometimes one lobe and sometimes another, the animals remained, in a considerable number of cases, perfectly well for months, and even for as long as a year.

Clinical experience has already taught us that the whole of the liver is not absolutely essential to health, because large portions of this organ have been practically destroyed—as in the case of echinococcus and profound fatty infiltration—without any disturbance of the general functions of the body. But this, as Ponfick says, is hardly to be compared with the sudden and immediate removal of large portions of an organ which is supposed to be so important to health. The explanation of this curious fact seems to be that the liver has a wonderful power of reproduction. Ponfick found that, within a few days after the removal of portions of the liver, the work of its reproduction began, and that it proceeded with great rapidity to completion. In certain cases, he found that within a period of a few weeks as much was reproduced as had been removed; that is, twice as much as had been left behind.

These investigations have an interest altogether outside of that which is absolutely scientific, because it cannot fail to influence the development of abdominal surgery, if it is understood that large portions of the liver may be removed without serious danger to life.

NIGHT TERRORS IN CHILDREN.

In recent numbers of *The Medical Standard* and of the *Albany Medical Annals* there have been communications in regard to cures of night terrors in children, in one of which the recommendation is inferentially made to use whipping as a cure. In general, however, the tone of the articles indicates that the writers regard night terrors as a genuine disorder, and one for which punishment is not a proper mode of treatment. With this latter view, we strongly sympathize.

It is possible that occasions may arise in which a whipping—although it seems cruel at first sight—may do good and be justifiable, precisely as in other cases the infliction of pain is justifiable in view of the result to be obtained; at the same time, we think there can be no doubt that most men who think carefully on this subject, will agree that night terrors require very different handling.

Whoever has experienced these terrors in his own person, or who has studied them in his own children, must feel deeply that they are a very serious and a very sad affliction, and that they call for the greatest amount of wise and kindly sympathy, and the most discreet management. In most cases they are associated with some chronic or temporary ailment. Indigestion, a catarrhal condition of the air passages which interferes with respiration, swelling of the tonsils, or of the substance of the walls of the air passages, and congestion of the meninges of the brain, constipation, or an overfilled bladder are among the causes which give rise to night terrors. In treating them, of course it is necessary, first of all, to ascertain if possible the presence of such exciting causes, and to remove them, if present.

In addition to these there are various calmatives which are useful, some of these appealing to the mental, and some to the physical part of the sufferer. Among the former, light may be set down as in every respect the most important. Very often a flood of light will do more to reassure a frightened child than anything else; and to this should be joined the presence of those upon whom the child naturally relies—the parents, the nurse, or whoever is most loved and trusted. In addition to these, diversion is very important. Sometimes the production of toys, or games, or picture books, and often playing upon a musical instrument will serve a useful purpose. These appeal directly to the mental operations; while, for physical impressions, a child may be made to drink some hot liquid, like milk or what is called "cambric tea." Medicines are of only comparative value. The bromides take so long to act, that it is hard to tell whether they do a little good, or none at all. The administration of a sufficient dose of opium is sometimes useful, and it is by no means unwise to administer a full dose, proportioned, of course, to the age of the child, so as to produce sleep.

With all that may be done, patience, gentleness, tact and thorough sympathy with the state of mind and body of the child is of indispensable importance. No harshness of voice should ever be used, and, in our opinion, punishment is never justifiable.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The last meeting of this Association, which is the successor of the old Tri-State Medical Society, including Indiana, Illinois, and Kentucky, was held at Evansville, Indiana, September 10–12, 1889. The attendance was large and the interest was great. A number of excellent papers were read in the scientific meetings, and the social features of the occasion were very attractive. This Association seems to be especially distinguished for its social features, and the fact that it brings together in pleasant and friendly meeting a large number of men who otherwise do not have much opportunity to meet. It is enlarging in size and importance each year, and those who are interested in it never relax their efforts to increase the interest in its meetings. Indeed, it seems as if the promoters of this Association were determined to make it compare favorably with the American Medical Association. This does not imply any want of loyalty to the American Medical Association; for the men interested in Mississippi Valley Medical Association are all interested in it; but it does show a natural and proper desire to develop a strong and influential medical body in the West. The Association is by no means limited to Western men; for it has repeatedly extended the most cordial invitations to men in the East to share its labors and its hospitalities, and at the last meeting a Pennsylvanian was elected first Vice-President.

We are far from regarding with envy the interest taken in this Association, as we believe that no good society can possibly be injurious to another good society, while any repressing influence which a good society may have upon a bad one may be looked upon as an advantage to the whole profession.

PHENACETIN.

Phenacetin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in chemical composition to its twin sisters antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the front rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this feature was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal development, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint that the essential lesion of fever consisted in a disordered state of the heat-regulating centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacetin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which it received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacetin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of others, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic; but it also seems to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacetin is especially valuable in suppressing the fever of pulmonary consumption. In this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given in any individual instance. The best guide that can be followed is to give it "for effect." If four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains. Ordinarily it will be found, however, that from five to ten grains is all that is required in such cases. It also has a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever, the cough becomes easier, the expectoration diminishes, and a general improvement in the patient's condition follows. From this it will be seen that phenacetin does good not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic—a rôle which it undoubtedly plays through its action on the nervous system; and for this reason it renders useful service, and its administration should be continued in three or four-grain doses three or four times a day after the fever has abated.

That which is true of phenacetin in pulmonary consumption also holds true in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, etc., when it is given in three or four-grain doses; and from all appearance it bids fair to outrival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.

THE TENNESSEE BOARD OF HEALTH AND YELLOW FEVER.

The *Bulletin* of the Sate Board of Health, of Tennessee, published at Nashville, which is one of the most interesting and instructive publications of this kind that come to us, has, during the past year, contained a number of papers in regard to yellow fever and the conditions of its suppression or prevention. In the issue for August 20, 1889, there is an interesting summary of the history of the epidemic of 1879, and the steps taken by the State Board of Health in controlling it.

The *Bulletin* calls attention to the fact that the Kentucky Board of Health, in its proceedings for 1889 credits the management of this epidemic wholly to the National Board of Health, instead of to the State Board of Health. As a matter of fact, in this case, the State Board and the National Board worked in entire and thoroughly scientific harmony, with admirable results.

Very careful study of the history of epidemics in the South seems to confirm the views repeatedly expressed in the REPORTER against the hasty, alarmed and consequently unwise methods which are sometimes advocated. It is fortunate that this year seems to be sufficiently advanced to remove the fear of any outbreak of yellow fever in the United States, and there is, therefore, a new opportunity furnished for the consideration and adoption of wise measures for the regulation of this very important matter. If the views held and advocated by persons so experienced as the members of the State Board of Health, of Tennessee, and other States in which yellow fever has been present at various times, were more widely diffused and better appreciated than they seem to be now, it would be very much to the advantage of the whole country.

AMERICAN PUBLIC HEALTH ASSOCIATION.

Attention has already been called in the REPORTER to the approaching meeting of the American Public Health Association, which is one of the most important bodies of medical men, and others interested in public health, which convenes in this country. The programme of the meeting to be held October 22–25, in Brooklyn, provides for the discussion of exceedingly interesting topics, and by men peculiarly fitted for such discussion. The deliberations of a body like this are, and should be considered, of the greatest consequence to the whole mass of the population. But they have a peculiar interest for physicians, who in this day appreciate fully that their mission is not only to restore the sick to health, but to prevent the invasion of disease and the spread of epidemics. It is especially desirable that deliberations of this kind should be participated in by large numbers of discreet and well-informed men; and we call the attention of our readers to the American Public Health Association, in the hope that as many of them as can find it possible will show their interest in it, and their appreciation of its important sphere, by attending this meeting, and by uniting themselves with it.

Having had inquiry already in regard to the conditions of membership, we may state that the constitution of the Association provides for two kinds of members: active and associate. The executive committee determines for which class a candidate shall be proposed. Any one desiring to become a member may send his name to Dr. John L. Moffat, 17 Schermerhorn St., Brooklyn, New York, who is Chairman of the Committee on New Members, and so be put in the way of joining the Association.

FAITH CURE.

It is with some satisfaction that we call attention to the fact that, at an inquest on the body of a woman who died of typhoid fever in New York on September 12, in consequence of having been given over to some faith-cure people, the jury brought in a verdict, stating that her death was due to criminal negligence, and calling attention of the Grand Jury to the "vicious practices" which are carried on by members of the organization to which deceased belonged. What the outcome of this action may be, it is too soon to predict, but it would be a great thing for the country if, in some way, some one should be punished by the authorities for these acts of negligence. One thing, at least, will be gained, and that is a notoriety which is likely to have some influence in restricting the extent of its senseless and dangerous practices.

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—Another Use for Benzol. — This liquid is a great solvent of oils and grease. It will clean off the old grease that has been used to lubricate a microscope joint, and leave the surface bright and clean for a fresh application of the lubricant. Benzol is very convenient for cleaning the spindle to a turntable when the table does not run smoothly.

Book Reviews.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the Reporter.]

ESSENTIALS OF MATERIA MEDICA, THERAPEUTICS, AND PRESCRIPTION WRITING ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS PREPARED ESPECIALLY FOR STUDENTS OF MEDICINE. By Henry Morris, M. D., Late Demonstrator, Jefferson Medical College, etc. 8vo, pp. 250. Philadelphia: W. B. Saunders 1889. Price, $1.00.

This volume is No. 7 of Saunder's question compends, and is one of the best of that series. The author has endeavored to give, in a condensed form, the most important parts of materia medica and therapeutics. The classification adopted is one based on therapeutic rather than on physiological grounds, and is similar to that contained in the last edition of Wood's Therapeutics. The answers to the questions are concise, pithy, and clear. A vast amount of valuable information is given in very small space. Most of the newer drugs, with the exception of sulphonal, come in for a fair share of attention.

From what has been said already, it will be clear that we regard the book as well suited to the purpose for which it has been prepared. It is unfortunate, however, that the combination of type and paper used is very trying to the eye-sight.

LECTURES ON OBSTETRIC NURSING. By Theophilus Parvin, M. D., Professor of Obstetrics and Diseases of Women and Children at Jefferson Medical College, etc. 8vo, pp. 104. Philadelphia: P. Blakiston, Son & Co., 1889. Price, 75 cents.

This little book contains two lectures delivered to the pupils of the Training School for Nurses of the Philadelphia Hospital. In the first lecture, Dr. Parvin gives some interesting information concerning the use of the word nurse in early Greek and Roman history, and traces its gradual change of meaning from that of wet-nurse exclusively, to that of one who takes care of the sick, infirm, and convalescent. In the same chapter the author speaks of the special responsibility of the obstetric nurse, of her qualifications and of her duties to the pregnant woman before labor begins.

In the second lecture, the author speaks of sepsis, antisepsis, and septicemia. With regard to asepsis and antisepsis, he says (page 54): "the one defends, the other annihilates." It is interesting to note in this connection that the author regards creolin as preferable to any other antiseptic in obstetrics. He employs it in a strength of one teaspoonful to a pint of water. The greater part of this chapter is taken up with very clear and sound advice to the nurse regarding her conduct during labor from its beginning to its close, and also during the lying-in period. The book closes with an appendix which contains information on some important topics omitted from the lectures.

We have nothing but praise for the book: the style is clear and lively, the advice given is admirable, and the wording almost entirely free from technical expressions. It will be very useful to nurses, and can be read with profit by medical students.

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Cocaine and borax are incompatible, the alkaloid being precipitated as insoluble borate. This difficulty does not attach to boric acid and cocaine.

NOTES AND COMMENTS.

Curability of Surgical Tuberculosis.

In a lecture on Tuberculosis in Some of its Surgical Aspects, published in the *British Medical Journal*, July 13, 1889, Mr. Howard Marsh lays great stress upon the importance of certain predisposing conditions in the development of tuberculosis. He dwells upon the question of fitness of soil for the purpose of showing that it is a matter which has an important bearing on the development and course of tuberculosis. We find, he says, that the bacillus tuberculosis is dependent for its vitality and maintenance upon conditions and influences which are either in their nature transitory or such as can be counteracted or removed; and that, when these conditions are no longer present, the bacillus perishes and the tuberculous process comes to an end. When this point is reached there is ample evidence to show that tubercle, together with the products to which it has given rise, becomes a mere *corpus mortuum*, and either is gradually removed by disintegration and absorption, or gives rise, as any other "sequestrum" might, to an abscess, with the evacuation of which it is swept clean away. When this clearance has been effected, the structures concerned, relieved of the parasitic element, are left free to undergo repair. This consists—when much damage has been done—in the formation of cicatricial tissue, or more rarely in the development of bony ankylosis; but, in cases in which the process has been arrested early in its course, the tissues are restored to a normal condition and to the discharge of all their functions. He is convinced that in such instances, if a microscopic examination could be made, no trace whatever of any of the elements of tubercle would be discovered.

After describing a case which he regards as tuberculous purulent peritonitis in which he opened the abdominal cavity and irrigated it, and recovery followed, Mr. Marsh says he believes that such cases as these, which represent the course of tuberculosis under fairly favorable circumstances, go to show that the disease is much less inveterate and beyond control than many believe. They afford strong evidence that the bacillus, on the presence of which the disease essentially depends, often, for want of an appropriate soil, dies out and becomes inoperative. They show, in other words, that, instead of being tenacious of life, the bacillus is perishable and often short-lived, so that in a large number of cases its action entirely ceases; and when this is the case, and when its products have been got rid of, the tissues previously invaded by it are restored either to a completely normal state or to such a condition of sound repair as they are capable of, seeing the degree of injury which the tuberculous process, before it ceased, had inflicted upon them.

He thinks it is essential in this connection to recognize the fact that there is no constitutional element in tuberculosis. What has been regarded as a constitutional condition consisted merely in the presence of those elements which favor the development of the bacillus—elements of the nature of which we are yet ignorant, but which may be present at one period and completely absent at another; present, in certain individuals, in the case of the lungs, between the ages of puberty and thirty, in the case of the joints, the spine, and the lymphatic system, between the ages of three and nine; often present when a joint has been contused, when an individual is overworked and ill fed, or residing in a damp inland neighborhood, or when a child has recently had measles; but which are as absolutely absent at other periods of life, or under other conditions, as the elements which constitute fitness of soil for scarlet fever are absent in a child who has recently had the disease, or as those appropriate for variola are absent in individuals who have recently been vaccinated.

He believes that these views in respect to tuberculosis, though some may perhaps think them overdrawn, would in a general sense be endorsed by a large majority of surgeons; but there are good grounds for asking attention to them, and enforcing them by clear evidence, at the present stage of the discussion of the principles that should be our guide in the treatment of tubercular diseases of the joints.

Suprapubic Lithotomy.

Sir Henry Thompson reported in the *British Medical Journal*, July 6, 1889, the results of thirty-one operations of suprapubic cystotomy performed by him. Eleven of these operations were done for tumor and twenty for stone in the bladder. The tumor cases did as well as can be expected. Two of the patients were cured; of the rest, all died within a few months or suffered with a recurrence of the growth. Among the stone cases there were three deaths, and perhaps a fourth should be counted in.

Value of Kola Nut.

Surgeon R. H. Firth concludes a careful paper on the Kola Nut, in the *Practitioner*, July, 1889, as follows: Kola nut is in no sense a food; it is to be regarded purely as a drug.

(2) Its physiological action upon the human economy is to increase the total urinary water, with a slight reduction of its total solids and a marked reduction of the extractives eliminated by the urine. Such action is probably due to its contained caffeine, which favors increased oxidation of the tissues. It in no way affects the nitrogen output of the body.

(3) Kola nut, when pure and not too old, has a peculiar stimulant action on the nervous system, temporarily strengthens the heart-beat, and increases the arterial tension. Taken continuously during times of exertion and fasting, it possesses some power of warding off the sense of mental and physical depression or exhaustion peculiar to that condition; this power is not, however, so marked as some observers have reported.

(4) It might be employed on service as an issue to troops in the form of broken-up nuts, the same being issued with instructions that a piece be constantly kept in the mouth and chewed, and the saliva swallowed—the fact being made clear to the men that, though not in themselves a food, yet, from certain qualities inherent in them, the nuts guard against exhaustion, and moreover have a salutary action upon the lining membrane of the mouth, stomach, and intestines, rendering them less susceptible to the action of indifferent food and water. Owing to the uncertainty of the action of Kola nuts, and the great difficulties to be overcome in combating the prejudices of soldiers towards any new and unfamiliar article such as these nuts are, any issue of Kola nuts to troops by Government should at first be upon only a limited scale, as neither our present knowledge regarding them nor the results of their trial justify any large outlay.

(5) As an infusion with milk and sugar Kola powder is an efficient substitute for tea or coffee, being especially for those affected with diarrhœa superior to either owing to its astringent action.

(6) As a therapeutic agent in the convalescence from long sickness its value is not apparent.

(7) Its alleged antagonistic action to alcoholic sequelæ is not capable of proof.

(8) As a purifier of water its action is purely mechanical, and not superior to that of the *Strychnos potulorum* or other mucilaginous seeds.

(9) Any consignment of Kola nuts bought for Government for issue to troops needs most reliable supervision, in order that none but the seeds of the true or "female Kola" are issued, and that spurious seeds, such as those of *Garcinia Kola* or "male Kola," and *Sterculia cordifolia*, species which contain no caffeine, are not issued in mistake for the true nut.

(10) While the nut powdered and made into an infusion with boiling water is an agreeable way of taking Kola; yet the nut should be always freshly ground, and this method is inferior to continual mastication of the solid nut for dietetic emergencies. Those chewing the nut must do so continuously, keeping it in the mouth all day and swallowing the saliva if any satisfactory effects are to be attained.

Results of Vaccination on the Arm and Leg.

A French practitioner, in the course of a large number of revaccinations, was struck with the fact that the operation was far more successful when performed on the leg than when the arm was selected. He has since availed himself of an opportunity of verifying his first impression, and last year, having to revaccinate 177 school children, he chose the left leg in 99 and the left arm in 78, and carefully compared the results obtained, dividing them into three groups according as the eruption was typical, doubtful, or absent. Of the 99 cases vaccinated on the leg 23 were typical, 31 doubtful, and 45 unsuccessful, being equivalent to a percentage of 23.2 and 31.3 respectively. Of the 78 children vaccinated on the arms the numbers were 11 typical, 25 doubtful, and 42 failures, equal to 14.1 and 32 per cent. respectively. The percentage of failures was 45.45 on the leg as compared with 53.84 on the arm. It would be interesting to know if the same results have been noted by public vaccinators in this country, since, if confirmed, they would afford an additional argument for vaccinating on the leg in preference to the arm.—*Medical Press*, Sept. 4, 1889.

Tinea Versicolor.

Dr. A. H. Ohmann-Dumesnil in *Medical Chips*, June, 1889, says: Chromophytosis, or tinea versicolor, is a parasitic disease attacking the trunk and presenting the appearance of irregular brown spots. It is slightly contagious, and is very apt to recur after an apparent cure. It grows rapidly and spreads quickly. It is attended by some itching. Among some of the methods recommended for its treatment, we have the application of green soap followed by a chrysarobin ointment, one-half drachm to the ounce; campho-phenique once a day; or, the application every night, for one week, of the following:

℞ Acid. salicylic . . . . ʒ ss
Sulfur. loti . . . . ʒ i ss
Lanoline }
Vaseline } . . . . aa ℥ i

M. Ft. ung.
Sig. To be applied at night and washed off in the morning.

Mercurials act very well, occasionally. Sometimes, however, cases are found which are very obstinate, and they tax the ingenuity of the physician to devise means for their relief.

Formation of Adipocere.

Dr. J. Dixon Mann reviews, in the *Medical Chronicle*, July, 1889, a paper by Coester, in the *Vierteljahresschrift für gerichtliche Medicin*, April, 1889, in which the latter author narrates the following case as an illustration of the formation of adipocere in corpses which have remained a long time under water. After the subsidence of the spring floods caused by the overflowing of the River Oder, the body of a woman was found in a meadow in the following condition: The whole body was stiff, and might be lifted up by one foot without any of the joints showing signs of movement. The cutis was entirely wanting. The color of the surface was ash-gray, something like common cardboard. All the tissues included under the designation of the soft parts were hard and stiff, and could be cut with difficulty. In various parts of the body were masses of a whitish substance, resembling lime, which on examination with the fingers was found to possess a fatty, waxy consistence, becoming sticky with the warmth of the hand. The muscular tissues had entirely disappeared, and no distinction could be made between the fatty and other soft parts. The ordinary cadaverous odor was entirely absent. The weight of the body was much below the ordinary standard, so much so that it could easily be carried by a single person.

The two ways in which adipocere is said to be formed are discussed: by conversion of the albuminoids of the muscles into adipocere, in addition to the change undergone by the fatty tissues; and by conversion of the fat only. The conclusions arrived at are: That complete decoloration of the soft tissues may be produced by prolonged maceration in moving water, together with lixiviation and disappearance of the soluble matter, and swelling up of the insoluble; that adipocere cannot be formed from the albumin of the muscles, because it is liquified by putrefaction and is at once removed by the water; that adipocere is formed from the natural fat of the body, and that it occupies the position vacated by the muscular tissues which have been washed away.

Acute Tympanites treated by Acupuncture.

Dr. Thomas Oliver gives an account, in the *Lancet*, July 6, 1889, of two cases in which he employed acupuncture in the treatment of acute tympanites. The first patient was almost moribund with intestinal obstruction when seen in consultation by Dr. Oliver. No feces had passed for over ten days. The patient, a man of middle age, had at the commencement of his illness experienced severe pain localized in the right side of the abdomen, and had vomited. The pain and vomiting became fecal and was unrelieved by ordinary medicinal measures. When Dr. Oliver saw him, the patient was propped up in bed, much exhausted by recent vomiting of a thin fluid fecal matter. The pulse was extremely small and rapid; the tongue dry and brown; there were cough and dyspnœa; the abdomen was enormously distended and painful; the heart's sounds were extremely feeble, and numerous bronchial and mucous râles were audible all over the chest. No dulness was detected in the abdomen, which was generally distended and painful, coils of intestine being seen and felt through the abdominal parietes. The urine was high-colored and scanty. As everything almost had been tried, yet without effect, and it was clear that the patient would die unless soon relieved, Dr. Oliver suggested puncture of the intestines; which was agreed to. Into the intestine, at several places, a large hollow needle was at once driven, and there escaped in a few minutes a large volume of very fetid gas. In addition to this escape of gas, there came away through the needle at one spot a small quantity of the same thin brown fecal matter that the patient was vomiting. The relief was immediate and permanent. On the following day, the pain, vomiting, and distention of the abdomen had disappeared, and the lungs being now clear of all râles, dyspnœa was no longer present. The use of the long tube, which had hitherto failed to remove anything *per rectum*, was now successful, but only moderately so. By degrees all his urgent symptoms disappeared, and the signs of intestinal obstruction vanished, but not until five or six days after Dr. Oliver's first visit, when the patient passed a slough of small intestine, much invaginated within itself and measuring four or five inches. The man made a good recovery. But for timely acupuncture, the author thinks this case would have ended fatally.

In the second case, Dr. Oliver was asked to see in consultation a man, forty years old, who was the subject of chronic intestinal obstruction. No stool had been passed for several days, in spite of the administration of reliable drugs and the repeated employment of enemata carefully administered and carried well up the intestine. The patient, though not the subject of such urgent symptoms as detailed in the preceding case, was gradually getting worse, and it was clear that unless relieved he would soon pass beyond the reach of human care. Dr. Oliver's object in seeing him was more with the view of giving an opinion as to the advisability of abdominal section than anything else. The pulse on the whole was good, and vomiting absent, but the author says he never saw such a distended and tympanitic condition of the abdomen. The patient was stout to begin with, and was therefore not a good patient for operative measures of any kind. But the chief difficulty lay in the extreme distention. It was apparent that, even if the abdomen were opened—the treatment in one sense called for,—it would be almost impossible to find the seat of obstruction or replace the distended coils of intestine. Acupuncture was therefore agreed upon. Into several coils of intestine a large hollow needle was carried. It took several minutes to empty the intestine, the air rushing out the while with a loud hissing noise. Relief, however, was immediate. On the following day a large stool was passed, and in a few days thereafter the patient, who had been the subject of intestinal obstruction from extreme atony of the bowel, was quite convalescent, and has since remained well.

Rabies and Essence of Tansy.

At the meeting of the Academy of Medicine of Paris, May 28, 1889, M. Trasbot read a note upon rabies and the essence of tansy, relative to the previous communication upon the same subject by M. Peyraud, of Libourne, which was noticed editorially in the REPORTER, December 3, 1887. He concludes that the essence of tansy injected into the veins in certain doses produces in rabbits a poisoning the symptoms of which resemble those of rabies. A ten per cent. solution of chloral, mixed with the virus of rabies before inoculation, seems to diminish and even to destroy the virulent properties of the virus. Essence of tansy, when injected around the point at which the virus of rabies has been inoculated, seems to have checked the development of rabies in a certain number of animals (four out of six); whereas, in animals not so injected, but inoculated as in the case of the former, only one out of six survived. Although these numbers do not suffice to affirm that immunity against inoculations with the virus of rabies can be acquired by the injection of essence of tansy, they at least constitute testimony in favor, to a certain extent, of the opinions maintained by M. Peyraud. It would also be desirable that these experiments, repeated upon a large number of animals, should come to confirm the first results.

As to the injections of chloral made after inoculation in six animals, there were only two survivors; while of the six animals used as a check experiment only one survived. As to the preventive power of the injections of essence of tansy to check the development of rabies inoculated after these injections, they have furnished still less important results. The animals inoculated after these injections in the anterior chamber of the eye, with the virus of rabies, have given these results: Of nine animals, only two were saved; four died of rabies and three from accidental causes. Nevertheless, all the animals used for control experiments, and inoculated in the same manner, died. These figures show how necessary it is to study anew the influence of the essence of tansy in the treatment of rabies in animals. The commission is unanimous in proposing a vote of thanks to M. Peyraud for his interesting researches and in encouraging him to continue them in endeavoring to give more precision to the method he extols.

Pulsatilla in Dysmenorrhœa and Ovaralgia.

Dr. Charles Bovet states in *Les nouveaux Remèdes*, No. 9, 1889, that he has successfully employed anemone pulsatilla in diseases of the uterus. He differs from other authors, who ascribe the greatest activity to the tincture prepared from the dried plant, and states that he has found the latter preparation by no means as active as the alcoholic extract, made from plants gathered fresh in June, and composed of equal parts by weight of the plant and of ninety per cent. alcohol. The glucoside obtained from the plant, and called anemonin, is less active than the extract. As regards the method of using the remedy: if the case is one of dysmenorrhœa, Bovet gives the patient, four days before the beginning of the expected period, four tablespoonfuls of a wine which contains about ten drops of the alcoholic extract of pulsatilla to the tablespoonful. As soon as menstruation begins, the use of the drug is discontinued for three or four days, and then resumed for three or four days in the dose employed at the beginning. Recovery from dysmenorrhœa is frequently observed after following this practice for two months. If chlorosis exists along with dysmenorrhœa, Bovet gives chloride of manganese also, in doses of five-sixths of a grain to the tablespoonful of the wine of pulsatilla. In cases of ovaralgia, as the result of chronic infarct of the uterus or inflammation of the neighboring structures, the pulsatilla wine is given continuously, in moderate doses, until the pain completely disappears. Bovet states that complications are never observed in the course of the treatment.

As to the dose of anemonin: it was given in doses of from five-sixths of a grain to one and one-half grains a day, and never in a larger dose than three grains. It is decidedly more uncertain in its action than the alcoholic extract, probably because changes in its constitution take place when it is kept a long time.—*Wiener med. Presse*, June 2, 1889.

Abdominal Section in Typhoid Fever.

At the meeting of the Royal Academy of Medicine in Ireland, May 17, 1889, Dr. J. H. Nicholas read a paper on abdominal section in typhoid fever. The histories of two cases were read and specimens shown for the purpose of inquiring whether or not opening the abdomen is justifiable in perforation of the intestine in typhoid fever. It was assumed that the existence of diffused acute peritonitis might be accepted as a diagnosis of perforation existing; and as recovery, with fecal matter exuded into the cavity of the abdomen was absolutely impossible, it was suggested that before collapse appeared the abdomen might be opened and washed out, and the opening sewed to the anterior wall. Among the many objections, the following were mentioned: difficulty of diagnosis; condition of the patient; difficulty of finding the perforation; diseased condition of the wall of the gut; many cases diagnosticated as perforation having recovered. The author endeavored to answer these objections.

Dr. Ball said the treatment of perforating ulcers from typhoid fever by abdominal section had been adopted on several occasions with results uniformly fatal; that such a result was to be expected was due to the fact that the union of intestinal wounds demanded not only a very accurate adjustment but a very rapid healing of the parts.—*British Medical Journal*, June 15, 1889.

Recovery from a Snake Bite.

An interesting case of recovery from the bite of a snake is recorded in a foreign medical contemporary. A medical man, Dr. Zeperino Meirelles, was called to a robust planter, 55 years old, who had just been bitten by a poisonous snake in the neighborhood of the left external malleolus. A ligature was at once tightly applied round the limb above the wound. About two hours afterwards there was injected into the four openings made in the skin by the teeth of the animal a hundred grammes of distilled water containing one gramme of permanganate of potash. At the same time the wounds were dressed with lint soaked in a solution of the same strength. Seven hours after the bite the toxic symptoms commenced. The patient became greatly agitated, severe pains were felt in the abdomen, blood-stained expectoration was frequent, and the urine was also blood-stained. The conjunctive, the buceal, and pharyngeal mucous membranes were greatly injected, the gums tender and bleeding on pressure, and blood-stained serum oozed from the wounds. Respiration was difficult, the pulse accelerated, and noises in the ears were much complained of. About an hour and a half after two further injections had been given the condition of the patient became complicated with vertigo, hallucinations and vomiting. A fourth injection was followed by great feebleness and loss of sight. Without being discouraged, Dr. Meirelles administered three more injections. The last was effectual, and the patient fell into a troubled sleep. He was convalescent at the end of a week.—*Medical Press*, July 10, 1889.

Melon-Seed Bodies in Joints and Tendon-Sheaths.

Considerable light has recently been thrown by Schuchardt on the mode of production of these bodies (*Centralblatt für Chirurgie*, April 27, 1889). After criticising the generally accepted views of their formation by fibrinous deposition, he gives at some length the results of his own microscopical examination of specimens that have come under his notice. His researches seem to show that the mode of their origin is essentially different from that which has been just referred to. They either consist of altered portions of the lining membrane of the walls of the cavity itself in which they are contained, or they are developed in connection with the tendon-sheaths; whilst a careful examination of them shows that coagulated fibrin does not really enter into their composition. In more than one instance the living membrane of the joint was found to be covered with a viscid substance more or less laminated in character, and here and there already causing adhesions to take place between the opposing surfaces of the joints. These glutinous masses appear to be composed of partially "necrosed" portions of the joint wall, which instead of passing away, remain connected with the wall and likewise become attached to one another. The movements of the surfaces of the joints upon each other then cause these bodies to drop into the joints, where they lie loose as melon-seed bodies; and if the joint is in a fairly healthy condition, they may be evacuated and leave behind a good and useful joint.—*Practitioner*, June, 1889.

Ovariotomy During Pregnancy.

In the *Gaceta Médica*, Aug. 15, 1889, Dr. T. Noriega, of the City of Mexico, gives an interesting account of a case in which he did a successful ovariotomy upon a pregnant woman. The patient was twenty-four years old and in the fifth month of pregnancy.

The account is very complete and accurate and is illustrated with a beautiful woodcut.

Sulphur as a Disinfectant.

In disinfection by burning sulphur, Dr. Squibb recommends the evaporation of an amount of water equal to four times the amount of sulphur burnt. To render the disinfection effective, it is necessary that sufficient moisture be present in the atmosphere with which the sulphurous oxide may unite. The water may be evaporated in a shallow dish, heated to boiling. The sulphur, placed in a smaller dish set in the water bath, is moistened with alcohol and ignited. Walls covered with kalsomine or whitewash should be dampened with a brush before the sulphur is burnt.

Treatment of Catarrh of the Bladder.

Dr. L. Frey, of Vienna, strongly recommends the treatment of chronic catarrh of the bladder with thorough irrigation with warm water, followed by injection of a pint of lukewarm water to which has been added a tablespoonful of the following mixture:

℞	Iodoform	5 ounces
	Glycerine	4 fl. ounces
	Distilled water	1 fl. ounce
	Gum tragacanth	12 grains

—*Wiener med. Presse*, May 19, 1889.

NEWS.

—Dr. A. J. Louder has removed from White Haven, Pa., to Pioche, Nevada.

—Dr. Mary B. Winslow has removed from Seattle, W. T., to Port Townsend, W. T.

—Surgeon General Hamilton, of the Marine Hospital Service, has been authorized by the President to keep open the quarantine stations at Delaware Breakwater, Tortugas Keys, Sapelo Sound, and Cape Charles.

—Dr. Benjamin Lee, Secretary of the Pennsylvania State Board of Health, returned from Johnstown Sept. 28, and reported the discontinuance of work by the Board together with the fact that the town is in good hygienic condition.

—Dr. Sternberg, of the U. S. Army, accompanies the excursionists of the Congress of American Nations, in the capacity of surgeon. He was selected by the Secretary of War for this duty because of his familiarity with the Spanish language and the Spanish-American people.

—An epidemic of malignant diphtheria has broken out in Carbondale, Pa., and about seventy-five cases had been reported by Oct. 3. In many cases entire families are stricken down. Eight years ago an epidemic of the same disease visited Carbondale and did fearful damage.

—It is reported from Portsmouth, N. H., that Dr. H. F. Bradbury, who has figured conspicuously in connection with the bogus medical colleges in Vermont, New Hampshire, and Massachusetts, referred to in the REPORTER, Oct. 5, was arrested in Norway, Maine, Oct. 3, and brought to Portsmouth, where he was arraigned before the United States Commissioner, charged with fraudulent use of the mails. The Commissioner held him in $10,000 for the Circuit Court at Concord, October 8.

—At the regular monthly meeting of the Norristown Hospital Trustees in Philadelphia the physician's report showed a population of 892 males and 858 females. The system of inspectorship which was adopted by the Board some time ago, for the purpose of preventing, as far as possible, cruelty to patients, was explained. Alcoves have been built in which inspectors will be placed. From these lookouts the doings of the attendants all over the wards can easily be seen, and any dereliction of duty will be promptly reported. The system is ready for practical operation.

HUMOR.

DASHER—"I hope you don't object to my smoking?"

Rev. Mr. Mylde—"N—not in the least, if—you don't object to my being sick."—*Pick Me Up.*

TWINS. — Mrs. O'Finnegan — "This, mum, is me twin bye, Mickey." Mrs. Worthington—"Indeed; where is the other one?" Mrs. O'Finnegan—"Shure, he's over to his mother's house, Mrs. Toule's. Her Jimmy and me Mickey was twins—born on the same day, mum."

ENOUGH TO KILL HIM.—Family Physician (greatly shocked) — "Jehones, you should have sent for me sooner; how long have you been in this fearful condition?" Jehones (with a hollow cough)—"About two months; ever since the beginning of December, in fact." Family Physician—"You are still employed on the staff of the *Morning Tomahawk*, are you not?" Jehones—"Yes." Family Physician—"You must have been working too hard." Jehones (feebly)—"I am afraid I have; I spend two or three hours every day trying to compile a department of 'Bright Things' from the *Congressional Record.*"—*Chicago Tribune.*

PEDAGOGICAL. — Two eccentric-looking women, whose description seemed to identify them as Mrs. Malaprop and Mrs. Partington, were in a Fourth avenue car yesterday, and entertained the passengers with their brilliant remarks. "I see from the papers," said one of them, "that they have fixed up a college of pedagogy and are going to give degrees. I think it is a horrid outrage. I won't say nothing about those Madison Square affairs, which certainly have a bad influence on the people. The idea! to watch a lot of crippled fools running around a ring for a whole week! I won't say nothing about that, but when they start a reg'lar college to train more such fools I think the law, or Mayor Grant, or Congress, or somebody ought to stop it." "Why, Mrs. Partington," exclaimed her companion, with a superior smile, "you've made a dreadful mistake. That College of Pedagogy and the training school are not for walkers at all. It doesn't mean that." "Of course it does; if it doesn't, what does it, then?" remarked the first, with charming consistency. "Corn doctors, of course," was the answer, and at the same moment the car ran off the track.—*New York Tribune.*

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CLINICAL LECTURE.

THE USE OF CREOLIN. TREATMENT OF OCCIPITO-POSTERIOR POSITIONS.[1]

BY EDWARD P. DAVIS, M. D.,

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL, ETC.

Gentlemen: This morning I wish to call your attention for a portion of my hour to a new antiseptic agent which has been attracting the notice of the profession of late in Germany, and more recently in this country, and which we have introduced with satisfactory results into general use in the Maternity Wards of this Hospital. I refer to creolin.

This germicide is a proprietary product of the same order as carbolic acid. It is obtained by a dry distillation of the best varieties of coal, and is an oily liquid of a strong tarry odor and a dark brown or black color. In the unadulterated form it leaves a stain upon the hands when immersed in it. It is soluble in alcohol, ether and chloroform, but insoluble in water. When mixed with the latter, however, it forms a uniform emulsion, slightly alkaline in reaction, and this, through a series of bacteriological tests, has been proven to be possessed of strong antiseptic properties.

As you know, the employment of the antiseptic agents now in general use, namely, the bichloride of mercury and carbolic acid, is attended with several marked disadvantages. Quite a number of cases of severe and even fatal poisoning have been reported in medical literature from the use of both of these germicides as vaginal douches and for intra-uterine injections, while carbolic acid in improper dilution has repeatedly produced severe burns of the unfortunate patient. Such being the case, any germicide which possesses the antiseptic properties of these agents, and at the same time is free from their deleterious effects must of necessity commend itself to the profession, and rapidly grow into favor. Such a germicide we believe creolin to be. The observations of all of the investigators who have tested it in series of cases are unanimous in the assertion that it is a comparatively harmless product unattended with marked poisonous properties, and that when injected into the genital canal of the parturient woman it acts as a lubricant superior to vaseline or carbolized oil. It has also been found to be of considerable value as an hæmostatic.

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[1] Delivered at the Philadelphia Hospital.

The method of using creolin in labor is as follows: To increase its lubricant and cleansing properties, and in order that it may more thoroughly permeate the entire vaginal canal, the Germans have been in the habit of adding mollin, a fatty soap made at present exclusively in Germany, to make a two per cent. emulsion of the creolin. But as mollin is expensive in this country, and as we have found green soap to be equally valuable when so used, we have substituted it in the place of the other. The following is the formula of the emulsion as used in our wards:

℞ Creolin . . . . f℥i
Saponis viridis . . . . ℥ii
Aquæ . . . . f℥iii
Liq. Potassæ . . . . fʒiii
M.

I will pass around these two bottles containing some of the preparation that you may observe its appearance and odor.

A bottle of this material is kept in the ward, and all that is necessary in order to make a two per cent. emulsion for immediate use, is to mix fifteen drachms in a pint of warm water: we then employ it as a vaginal douche before labor, injecting the emulsion by a glass syringe, fully distending the vagina before the fluid escapes. After labor we are accustomed to employ a two per cent. emulsion of creolin with water only as a vaginal douche, and if needed, as an intra-uterine injection. Such douches are given morning and night in all cases where stitches have been inserted, and, as I have said before, with excellent results. The bichloride of mercury is still used for disinfecting the hands and external parts of the patient.

While on the subject of the antiseptic treatment of labor, I wish to show you the form of antiseptic pad which we use now in the Maternity Wards of this Hospital. In place of the napkins which were formerly used, and which were made to render service in a large number of cases, by thorough cleansing in the laundry, we employ now pads made of oakum covered with a little ordinary cotton batting (not absorbent cotton), the whole being enclosed in a piece of common cheese-cloth. These are soaked in a solution of bichloride, 1 to 2,000, and then dried ready for use. They should be removed when soiled, and burned, in this way avoiding a second using. It has been found that on an average six of these will be required on the first day, and after that four a day. The cost is but $1.90 per one hundred and fifty pads, or one and one-quarter cents per pad, so you will see that the expense is reduced to the minimum.

I will now give you the history of a case of occipito-posterior position which was recently delivered in our Wards, and which is especially interesting and instructive.

M. O'B., æt. 32. Primipara. The patient's mental condition was such that an accurate history of her condition prior to admission could not be obtained. She said that her limbs were at one time greatly œdematous, but an examination of her urine was negative in its results, no albumin or casts being present. Labor pains began at twelve o'clock midnight of Saturday, September 14. At six in the morning of the fifteenth she was sent to the Maternity Wards. The os then barely admitted the examining finger, and the labor pains may be said to have scarcely begun. During the whole of Sunday she complained of pain, but no progress was made. That night to lessen her pain one grain of the extract of opium was administered by the rectum, pains continued all night and the next day, and by six o'clock Monday evening the os had reached the size of a dollar, and dilatation was progressing. By eleven o'clock dilatation was complete. The diagnosis of the position was now made, confirming that obtained by an external examination and auscultation, namely, right occipito-posterior. About two o'clock in the morning of Tuesday, the occiput seemed to lie almost directly toward the sacrum. At three-thirty o'clock the head was on the perineum in the right occipito-posterior position, and remained so for two hours, save that a partial rotation occurred, the head afterwards falling back, however. The uterus now became tonically contracted, and the contraction ring could be felt plainly through the abdominal walls; fœtal heart sounds became rapid and weak. At seven-thirty o'clock, after the patient had been catheterized, and a creolin douche had been given, ether was administered and Simpson's forceps were applied to the head in the pelvic axis and traction made. After a few moments' firm traction the head advanced. The uterus now seemed to be relieved of some of its spastic condition, and during the last traction contracted strongly, delivering the head. The vagino-rectal septum was lacerated through a length of from one and a half to two inches. As soon as the placenta had been expressed, stitches were inserted as follows: A continuous catgut suture was first applied to the rectal side from the apex of the tear downward; then several silk sutures were applied deeply in the vaginal side, and lastly the perineum was closed with deep silk sutures. The vagina and rectum were then washed out with a two per cent. creolin emulsion, and a pad placed between the knees, which were bound together until the ether narcosis had passed off. The patient was placed upon a liquid diet, and her urine drawn by the catheter every eight hours. Recovery from the etherization was prompt. The patient's condition is now very fair. The uterus is firmly contracted, but the external surface seems to bear two small fibroid tumors, which, indeed, had been felt before labor had commenced. Her temperature after labor was 100²°, pulse 136, respiration 28. The temperature began to fall at once, and by evening of the next day was almost normal. The lochia have been normal in appearance and amount.

The child, which presented the characteristic appearance of a child delivered in occipito-posterior position—and, gentlemen, permit me to say there is no more sorry appearance presented, than by a child so delivered—breathed feebly immediately on delivery, but after receiving a hot bath, its respirations became stronger, and it has done well since. It was covered with meconium when born, a sign that it had undergone dangerous pressure during birth. It is now somewhat jaundiced, and has presented a most obstinate case of constipation, having had but one spontaneous evacuation of the bowels since delivery.

In closing my lecture this morning I will do so by giving to you some statistics of 400 cases of occipito-posterior position, published recently by a French writer (Bataillard, in *Annales de Gynécologie et d'Obstetrique*). He believes that clinical observations of occipito-posterior positions show that most of these cases terminate as occipito-anterior, namely 353 out of 400; that when the fetus weighs five or six pounds, in primiparæ the labors are two hours longer in the occipito-posterior position than in the occipito-anterior, and that when it weighs from six to seven pounds, labor is three and one-half hours longer in the posterior than in the anterior position. In multiparæ the duration of labor is about the same, but when the child weighs about seven pounds there is very little difference between the duration of the labor in the two positions. Out of the five hundred cases of occipito-posterior positions, there were but two maternal deaths, one from eclampsia and one from sepsis, making the maternal mortality in occipito-posterior cases .5 per cent., while in 660 cases of occipito-anterior cases the mortality was .46 per cent. The fetal mortality in the occipito-anterior cases was .76 per cent., while in the occipito-posterior cases it was 2 per cent. It is very evident, therefore, that our greatest anxiety in these cases should be regarding the life of the child. If closed at once under antiseptic precautions lacerations of the perineum in these cases generally heal, and do not seriously complicate the mother's recovery.

◆

—To Handle Small Thin Sections: A very convenient trowel for this purpose is made by inserting the head of a large needle in a penholder or other suitable handle; then filing the needle flat on two opposite sides, and breaking off the point. Such an instrument does not take up as much fluid with a small specimen as the ordinary trowel does. It also has other advantages over the customary methods of handling small thin sections of either animal or vegetable tissue.

—Cover Glasses, as sold nowadays, are not quite clean. They should be washed in distilled water and kept in a wide-mouthed bottle filled with alcohol acidulated with hydrochloric acid. They are readily cleaned with tissue or Japanese napkin paper between the thumb and forefinger. The patent devices for cleaning cover glasses are only serviceable to make a show of those who use them.

COMMUNICATIONS.

REMARKS ON A CASE OF OVARIOTOMY.

BY R. STANSBURY SUTTON, M. D.,

SURGEON TO TERRACE BANK HOSPITAL FOR WOMEN. ALLEGHENY, PA.

The case you have just seen operated upon was a specimen of those not infrequently met with, viz. : a large multilocular cyst, with a twisted pedicle and extensive adhesions. The patient's temperature has been above normal every day for probably three months; she has had repeated sweats and considerable pain of a colicky character. During the last twelve years, I have met with and operated on a number of cases like this one. The twisting of the pedicle, followed by adhesions of the sac to the surrounding viscera and abdominal wall, has not, in my experience, save in a solitary instance, added to the mortality.

In 1877 I saw a woman ten days after her confinement and diagnosticated the presence of an ovarian cyst with a twisted pedicle, and urged an immediate operation. She was the daughter of a doctor, who had no faith in the diagnosis, and absolutely no knowledge of abdominal surgery, and was far advanced in years. She was permitted to go on unoperated upon for ten days longer, during the last four or five of which she had a temperature of 104° and severe sweats, and showed great exhaustion. When it was evident that she would die, I was requested to operate upon her, and did so. The pedicle was twisted, the cyst was gangrenous, and filled with bloody fluid, and there were numerous recent and soft adhesions. In this way nature tried to save her, but failed. There was one peculiarity about this operation which I will venture to mention. It was this: after taking the cyst out of the abdomen and dropping the ligated pedicle, I poured in to the cavity of her abdomen several tin cups full of hot water, and sponged it out again before closing the wound. After the woman died, which she did within three or four days, I imagined that the washing out of her abdominal cavity with hot water might have had something to do with her death. Now, when it is the rule to wash out the abdominal cavity after abdominal section, we see how difficult a thing it is to always determine, in a new procedure, whether we are right or wrong.

You will observe that to-day we gave chloroform. I was brought up immensely prejudiced in favor of ether, but its tendency to congest unhealthy kidneys, to irritate sensitive bronchial surfaces, to produce nausea and vomiting and thereby favor the formation of secondary stitch-hole abcesses, has shaken my faith in its applicability in abdominal surgery. My assistant, Dr. Williamson, who was educated in the University of Berlin, has as great an antipathy to ether as I used to have to chloroform, consequently we have about ceased to use ether, using chloroform instead. Before operation this woman was given a bath, and her bowels were cleared out by means of a purgative given thirty-six hours before the time of the operation. For twenty-four hours before the operation she was fed on Bovinine and Beef Peptonoids; beyond this she had no preparatory treatment. Occasionally I quininize patients prior to operation.

You observe that no medicated liquids have been used during the operation; that the sponge water, and that used over the instruments, as well as the water in the irrigating reservoir, was simple clean, well-boiled water. You probably observed that I used sponges very little. This tube on the end of the hose washes out the abdominal cavity rapidly and effectually, leaving nothing to be removed by the sponge excepting a little water.

All raw points, you will remember, were touched with the Paquélin cautery. A drainage-tube was not put in, as there was no necessity for it, and the wound was closed with silkworm gut sutures, three or four to the inch. You will also observe that I have operated with but one assistant, my head nurse giving the anæsthetic, and two nurses waiting upon me. The nurse giving the anæsthetic has been at my side during operations for six years, and she and I have done an ovariotomy alone. I dislike a multiplicity of assistants; students of medicine are never admitted to my operations, and rarely more than two or three physicians. It is more than two and a half years since I have had a death from ovariotomy or oöphorectomy, and in my last forty-four ovariotomies and oöphorectomies the temperature has not, during the first week after operation, risen above 101° and in many of them did not reach 100°.

This is my argument to-day for disclaiming all faith in the introduction of solutions of carbolic acid and bichloride of mercury into abdominal surgery. I would not have you believe that I use no chemicals in connection with these operations, because I and my assistant and nurses do use, for the proper cleansing of our hands, whatever chemicals are most suitable; but it may be laid down as a fixed fact that any irritating chemical introduced in solution into the cavity of the abdomen, will be eliminated through the kidneys, and imperil the life of the patient.

Time is an important factor in operations; in uncomplicated ovariotomies, I have frequently opened the abdomen, emptied and delivered the cyst, tied and burnt off the pedicle, in five minutes, spending afterwards fifteen minutes in cleaning out the abdominal cavity and closing the wound.

But a fair average time for an ovariotomy, unless it be a very complicated case, is thirty minutes.

Much has been said about the ligatures which we leave in the abdominal cavity. Thoroughly boiled silk is my choice, and on it alone I depend, using silkworm gut to close the abdominal wound.

Much has also been written about the surroundings of an abdominal operation. The weight of evidence is still in favor of the private hospital, although I believe that all abdominal operations are more safely done at present, both in and out of the private hospital, than they were five years ago. One reason of this, however, is that patients are accepting earlier interference. My experience may be unique, but I have never seen a woman die after the removal of an ovarian cyst unless she had been previously tapped.

ANTISEPSIS.

BY R. G. P. DIEFFENBACH, M. D.,
NEWARK, N. J.

Not many years ago antisepsis was an unknown part of medicine and surgery, and it has since its discovery entirely changed our methods, not only in surgery, gynecology, and obstetrics, but also in other therapeutic branches in the treatment and prevention of diseases, such as diphtheria, typhoid fever, and many others. Formerly a surgeon would not hesitate to operate for incarcerated hernia or in any other case of emergency immediately after treating a gangrenous or erysipelatous subject; the only precaution observed was to give his hands a good, and probably in many cases only a superficial, cleansing. The consequences, in the form of erysipelas, gangrene, septicemia and other similar diseases did not fail to make their appearance.

We owe the first impetus, the first system of antiseptic treatment, to Prof. Lister, and during the past fifteen years it has been improved almost daily and is now indispensable to the success in surgery and diseases in general.

It would occupy too much time to undertake to give a history of the development and describe the numberless ways in which antisepsis is used, and I will only endeavor to give a description of this mode of treatment as it is applied at the present time principally in surgery.

Antisepsis may be divided into two parts: First, the prevention of infection, called "asepsis," and, Second, the treatment of already infected wounds or tissues, called "antisepsis." In order to prevent the promotion of contagious diseases, it is first of all necessary to remove the cause and to have at all times a good supply of fresh air. A number of disinfectants are in use at the present time; the most common are: chloride of lime, solution of carbolic acid or corrosive sublimate, sulphur vapor, etc., etc. In the treatment of fresh wounds, to prevent inflammation and suppuration, the greatest care should be exercised. Cleanliness is the first and foremost part of antisepsis. For this reason, it is necessary for the surgeon and his assistants and nurses, before treating a wound or before making a smaller or larger operation or coming in contact with any part or parts which might be infected, to resort to a thorough cleansing of the hands. Brushing the nails is especially necessary, and, if an operation is to be done, the arms also. For this purpose and for the washing of sponges, Prof. Kümmel recommends the German green soap, which is extensively used in diseases of the skin, on account of its solvent properties. Then a solution of carbolic acid (about 3 per cent.) or of corrosive sublimate (1 : 1,000) should be applied. Instruments, after a careful cleansing, are to be laid in a 3 per cent. solution of carbolic acid for half an hour before being used. The patient should, if practicable, receive a bath before the operation and a thorough cleansing of the parts to be operated upon, which should be shaved if necessary, and then a solution of corrosive sublimate should be applied. During the operation the wound should be irrigated from time to time with a solution of corrosive sublimate (1 : 1,000 or 2,000) or with a 2 per cent. solution of carbolic acid. If the operation is in the abdominal cavity or pleura, the wound should be only moistened with a solution of corrosive sublimate (1 : 2,000). For the mouth, rectum, or bladder, salicylic acid (1 : 1,000), or boracic acid (2 : 100) are used with success; and at the end of the operation the wound may be sprayed with iodoform ether, one part to ten.

Dr. Baumann recommends an antiseptic gauze prepared by sterilizing the same in steam, at a temperature of 100° Celsius, (212° F.) or more, after which it is quickly dried in the same temperature and at once impregnated with some antiseptic solution. Smaller wounds may be dressed without sterilized gauze. Towels, sponges, sheets, silk ligatures and sutures should also be sterilized.

Prof. Bergmann claims that next to antiseptic treatment the greatest care should be exercised in regard to the bleeding and oozing of wounds, and says neglect of this care is one of the principal causes for the promotion of decomposition and suppuration of tissues and prevention of healing by primary intention. The wound should not be closed until it is perfectly dry and the smallest vessels have been tied. Drainage should be used, if the wound is not perfectly aseptic. If a wound is already infected by previous suppuration it is best to loosely tampon it with iodoform gauze, cut into strips, and the ends should be allowed to hang out of the most dependent corner of the wound. Over this an antiseptic dressing is applied without any sutures. This tampon remains for two, or, if larger vessels are oozing, four or six days. If the discharge penetrates, the outer part of the dressing is removed. The tampon is removed by gently extracting it without opening the wound, and a proper suture, with or without drainage, may then be applied.

For the dry dressing, which is much in use at present, it is absolutely necessary to have a material which readily absorbs all secretions from the wound. Iodoform, or subnitrate of bismuth in powder, or corrosive sublimate, or iodoform gauze, etc., are applied directly on the wound, then follows the absorbing material (in large quantities) such as cotton, jute or wood wool.

That antiseptic treatment is indispensable in gynecology and obstetrics is known to every practitioner. In the latter there must be absolute cleanliness of attendants as well as of the room and bed, and vaginal injections with a solution of corrosive sublimate (1: 2,000) or of carbolic acid (1 per cent.) should be used before and after labor. The use of oakum or cotton or an antiseptic pad, for the reception of lochial discharges, which can be destroyed as soon as saturated, is advisable. Intra-uterine injections of corrosive sublimate should not be stronger than 1 : 4,000 on account of toxic effects often met with. Lubricants for the fingers of the examiner should also be antiseptic.

In gynecology the same scrupulous cleanliness is necessary for operator, assistants, nurses, and instruments, and the parts to be operated upon and those in the neighborhood should be thoroughly cleansed by repeated washings and injections. The wound should be occasionally irrigated during the operation, and especially while it is being closed with sutures; frequent irrigations after operations are also necessary. Many of the German operators employ during the operation constant irrigation with a hot antiseptic fluid, of a temperature of about 120° F. The benefits derived from these are that the flow of blood is lessened, while they keep the parts clean, remove all necessity for sponging, and thereby shorten the operation.

There is yet one part of antisepsis, the importance of which is often overlooked, and this is the method of antisepsis as applied to newborn infants. It should always be borne in mind, that the act of being born is a violent insult to the integuments, above all to the head. It is only necessary to remember the peculiar anatomy which characterizes the skin of the newborn—the weak and delicate derma and the large amount of capillary and lymphatic vessels with a corresponding free circulation—to show to what a large degree infants are liable to septic influences. To prevent this, the attendants during delivery should use the proper antisepsis as already described. The umbilicus should be washed with a 3 or 5 per cent. solution of boracic or salicylic acid, and wrapped up in absorbent cotton. The use of carbolic acid or corrosive sublimate for infants is contra-indicated. For the prevention of ophthalmia Credé's method is highly recommended. It consists of putting one drop of a 2 per cent. solution of nitrate of silver in each eye.

The mouth of the infant should be washed after, and the breast of the mother before, each nursing with a solution of boric acid, to prevent the development of fungi.

These are some of the uses and methods of antisepsis to which attention may be properly called in such space as can be spared to this paper.

TURPENTINE IN AFFECTIONS OF THE THROAT AND LUNGS.

BY ARTHUR E. SPOHN, M. D.,
CORPUS CHRISTI, TEXAS.

I have been using pure oil of turpentine in affections of the throat and lungs for some time, and find better, and more satisfactory results, than from any other remedy I ever tried. I use the ordinary hand atomizer, and throw a spray of the liquid into the throat every few minutes, or at longer intervals, according to the gravity of the case. The bulb of the instrument should be compressed as the act of inspiration commences, so as to insure application of the remedy to the whole surface, which can be done in cases of children very successfully. It is surprising how a diphtheritic membrane will melt away under an almost constant spray of pure oil of turpentine. I now use the turpentine spray whenever a child complains of sore throat of any kind.

In cases of tuberculosis of the lungs, bronchitis, and the later stages of pneumonia, I have found the turpentine inhalation very beneficial. I use an atomizer, or paper funnel, from which the turpentine may be inhaled at will. I hang around the bed, and in the room flannel cloths saturated with oil of turpentine, in all cases of catarrhal bronchitis—in fact, in all affections of the air passages; and my patients invariably express themselves as being very much relieved.

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—Variations in the Composition of Milk.—From the results of about 50,000 analyses made in the laboratory of the Danish Dairy Supply Company, it is found that the dry matter less fat is an almost constant value (8.7 to 8.8). The fluctuations in total solids depend almost entirely on variations of the fat. The evening milk contains more fat and more total solids than the morning milk. In October and November the milk is richer in fat and total solids than in other parts of the year.

CASE OF IDIOPATHIC TETANUS.[1]

BY W. L. COPELAND. M. D.,
CHICAGO, ILL.

G. B., 19 years old, salesman, strong, muscular, of good family history, on July 4 and 7, lay around on the grass most of the day smoking cigarettes. On July 8 he noticed some stiffness of the jaw and experienced difficulty in eating his supper. On July 9 the stiffness of his jaw increased, and about noon he called on a physician, who ordered potassium bromide. July 10 the muscles of his neck were stiff and sore, July 11 he was worse, and complained of soreness in the pit of his stomach. Three compound cathartic pills were ordered, and hydrate of chloral in conjunction with the bromide and a little nitrate of potash, as the urine was somewhat scanty. At 3 A. M., July 12, being unable to get his attending physician, I was called in to relieve the pain complained of in the pit of the stomach, which was constant, but also aggravated by severe spasms every ten or fifteen minutes. I found his pulse 140, his temperature normal, his head drawn back against the back of the chair upon which he sat. His teeth could be separated about one-eighth of an inch; his eyes were fixed; he had difficulty in swallowing and was unable to raise himself. I ordered morphia sulphate one-eighth grain, atropia sulphate one-eightieth grain and tincture of hyosciamus ten minims every hour. At 9 A. M. he had obtained no relief, his pulse was 144, his temperature 100°. Three hypodermic injections of one-quarter grain of morphia sulphate at half-hour intervals gave partial relief. Drachm doses of whiskey every hour, with a liberal supply of egg and milk, was ordered and a mustard poultice to the whole length of the spine. At noon his pulse was 110, his temperature 100°, and he was feeling easy, with only occasional spasmodic contractions of the diaphragm. At 6 P. M. his pulse was 120, his temperature 102$\frac{1}{5}$°. He was quite easy and talkative and could open his mouth about one inch. I ordered two minims of the tincture of aconite every hour until the pulse and temperature were reduced. At 9 P. M. his pulse and temperature were the same. During the night he received three hypodermics of one-quarter grain of morphia, but he only obtained short snatches of sleep. He passed urine freely two or three times during the night. On July 13 he had taken about ten ounces of whiskey since 11 A. M. of the 12th; his pulse was 120, his temperature $101\frac{3}{5}$°. His skin was moist; he vomited once in the afternoon after severe spasm, then all the muscles relaxed and he slept about an hour and a quarter. He bit his tongue during the vomiting. During the day he expectorated great quantities of viscid saliva. At 8.30 P. M. his skin was drenched with perspiration.

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[1] Read at the October meeting of the Chicago Pathological Society.

July 15, in the morning his pulse was 96, his temperature 100°. As his bowels had not been moved for four days, I ordered three cathartic pills to be given, and then to be followed in four or five hours with enema of half an ounce of glycerine. As these failed to act the attendants on their own responsibility repeated the glycerine enema three times, and, there still being no result, three enemata of soap-suds were given, none of which had any effect except to aggravate the distress in bowels. As I was not at home when sent for, another physician was called in and two large enemata with one-half ounce of turpentine and some starch were given, and were also retained. On my arrival, about half an hour after the last enema had been given, the patient was suffering greatly, so I administered chloroform sufficient to partially relax the spasm, and dilated the sphincter ani, and a deluge followed. The patient passed a good night, sleeping the greater part of the time, his bowels moving once during the night. On the morning of July 16 his pulse was 96 and his temperature $99\frac{3}{5}$°. July 19 his pulse was 140, his temperature 103°. He was very restless, and had general stiffness of his muscles. Atropine, one one hundred and fiftieth grain, and morphine one-quarter grain was given hypodermically. July 20 his pulse was 120, his temperature $102\frac{2}{5}$°. A fly-blister three inches by two inches was applied to his back over the spinal column. July 21 he was about the same. He was given an enema of soap-suds which moved his bowels, his bowels were also moved during the night. July 22 I met Dr. Brower in consultation at 8.30 A. M. The patient's pulse was 130, his temperature 105°. We ordered twenty grains of sulphate of quinia to reduce the temperature. At 12.30 P. M. his temperature was $100\frac{4}{5}$°, his pulse 128. He had one and a half hours of sleep after the quinine I ordered, the quinine to be repeated if the temperature increased. At 3 P. M. the quinine was repeated. At 6 P. M. his temperature was 103°. At midnight I was telephoned for, as the patient was wild and uncontrollable. I found him half off the bed, with hot skin, talking incessantly, and four persons trying to hold him in bed. I injected fifteen grains of antipyrine, but before I could remove the needle his struggles ceased and he dropped back dead. Rigor-mortis set in at once. About a pint of whiskey and from four to eight hypodermic injections of one-quarter grain of morphia were given daily throughout his sickness. His nourishment consisted of milk and egg-nog, and was taken freely until the last twenty-four hours.

GONORRHŒA AT FIVE YEARS OF AGE.

BY D. D. CUSTER, M. D.,
MANAYUNK, PA.

Recently a woman brought her five year old child into my office for treatment. She said that he was swollen and cried when he urinated. I examined his penis and found it very much enlarged, and to my astonishment discovered an intense gonorrhœal discharge, with a history of chordee and painful erections occurring at night. Upon questioning his mother I learned that the boy was sleeping with his sister, eighteen years old, who had leucorrhœa. The lad was extraordinarily developed and it seems to me that his disease must have been contracted by having intercourse with his sister. A lotion of lead water and laudanum was applied with absorbent cotton to the penis, and I ordered the organ to be frequently bathed in warm water. Alkalies were administered internally and other ordinary gonorrhœal remedies were used. In two weeks the aggravating symptoms subsided and the discharge ceased.

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—Deaf Animals.—Evidence exists that deaf mutes are not confined to the human race. In a farmer's herd for twelve years was a cow which never gave any sign of hearing, and the evident attempts of which at lowing had only resulted in a feeble guttural. Nothing abnormal could be discovered in the ears or the vocal organs.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, October 3, 1889.

The President, Alfred L. Loomis, M. D., in the Chair.

Dr. C. L. Dana read a paper on the

Pathological Anatomy of Chorea,

with report of a case. The paper dealt principally with the pathological anatomy of the nervous system. Before tabulating the history of cases reported by others, Dr. Dana described his own. It occurred in a Swiss, single, eighteen years old, who entered the hospital December, 1888. He had always been weakly and sickly as a child, but gave no rheumatic, venereal, nor alcoholic history. He began to have chorea at the age of six years. He had also had so-called epileptic attacks at intervals for several years. The fits began with a shrill cry. Dr. Dana regarded these as of a hysteroid character, and not true epilepsy. He had, however, once been trephined for supposed epilepsy.

As he lay in bed he was rather dull, although he answered questions correctly. His speech was slow and jerky, owing to the choreic movements. These were so severe in general that the patient could not feed nor wait on himself. There was no heart murmur, and the thoracic and abdominal viscera seemed normal. The patient improved markedly under treatment, including doses of chloral hydrate, until in January, 1889, when he contracted pneumonia and died. The autopsy revealed evidences of pneumonia, but normal heart, without the vegetations on the valves which were so common in epilepsy. The kidneys showed some chronic changes. The skull was unusually thick, being seven-eighths of an inch in a section of the occipital bone. The pia mater was somewhat thickened; the cortex of the brain appeared normal except for very superficial softening on the under surface of both temporal lobes. The cord appeared normal. Microscopical examination was made of sections of the motor convolutions, of the temporal and biparietal lobes, and of the corpora striata, thalamus, bulb, cord, and some of the nerves. In the brain there was a slight amount of lepto-meningitis; the gray matter was considerably injected; the neuroglia was not much increased. The nerve fibres could be seen running up into the cortex, the transverse fibres of the cortex were also present. The chief changes were just beneath the cortex, the white matter here being honeycombed, the lesions being apparent in places to the naked eye. While there was no real arteritis or endarteritis, there were dilatations of the perivascular spaces, the vessel being distended by blood exudates. The process, while chronic, could not be looked upon as inflammatory, but rather as flabbiness and loss of tone of the vessel walls. At the base and tip of the temporal lobes, however, there was brain softening, and the white matter beneath was excessively honeycombed, while there was evidently an increase of the neuroglia cells. The sections of the internal capsule and adjoining part of the thalamus showed the same honeycombed appearance from vascular dilatations. Indeed in the internal capsule there were more serious degenerations, the blood-vessels seeming to fall to pieces, they were so degenerated. There was apparently some increase of connective tissue in the pyramidal tracts. The pia mater of the cord was somewhat thickened; in the cord was some congestion, the congestion being most marked in the lateral columns. It showed none of the honeycombed appearance seen in the brain and pons. In the lumbar cord a double canal was present. The anterior and posterior nerve roots showed no degenerated fibres.

There had been nearly two hundred reports of autopsies made on persons dying of chorea. He had been able to find only thirty-nine cases, however, in which a satisfactory report of the condition of the nervous system had been made; in some respects these were incomplete. They had shown that in death from chorea there were congestions, extravasations, emboli, and softening in the nerve centres; there was also much uniformity of heart lesions. It was however, only by a very minute and critical microscopical examination that much light had been thrown on the subject. Twenty-five of the thirty-nine cases were of the acute chorea of the Sydenham type, uncomplicated with insanity or other serious disorder. In only one case had no changes been found in the nervous system, and in this one Dr. Dana was disposed to think some lesions must have been overlooked. In the cases of acute chorea with insanity there was intense cerebral hyperemia and thrombosis, with minute hemorrhages, much as in the uncomplicated cases. In chronic chorea, of which five autoposies had been made after a duration of the disease from four to twelve years, there was dilatation and thickening of the arterioles, with necrotic tendencies, spots of sclerosis, fungous growths along the vessels in one case; the cord somewhat similarly involved though to a less extent.

A study of the cases led to the belief, he said, that we were not very far from obtaining an anatomical basis for chorea. In the acute types there was hyperemia of the brain and of parts of the cord; in the brain it was not meningeal, but affected the deeper parts. It was more than an ordinary congestion. The arterial walls were paralyzed, dilated, badly nourished, and an exudation took place, the lymph spaces became distended and eroded. Sometimes spots of thrombosis and of softening of the vascular walls gave way, and there were small hemorrhages. On the other hand, the lymph spaces around the ganglion cells and neuroglia cells were not dilated, and there was no proliferation of connective tissue cells, no distinct sign of inflammation; the process was one of vasomotor paralysis. In the older cases the vascular changes were more marked.

In connection with the pathology, and in order to better understand it, the author spoke of the theories regarding the etilogy of the disease. The principal ones which had been advanced were the humoral, the embolic, the subinflammatory, the functional or agnostic, and the infectious theories. It seemed to him that there were three things at least well determined in chorea, viz., the existence of an abnormal state of the blood, an intense cerebral hyperemia in certain parts, and a neurotic history.

The dissussion was participated in by Drs. Gray, Starr, Putnam, Jacobi, Birdsall, the President, and the author. It turned largely on the theories of the causation of epilepsy, particularly that regarding infection, which seemed to Dr. Starr and the president as probable in some cases since in so many there was a history of rheumatism and cardiac complications which were believed to depend on microorganisms. Dr. Starr thought, however, that some cases at least must be of functional origin. Dr. Birdsall said the pathology given by Dr. Dana was very interesting, but it was a question whether the chorea was due to such lesions, or whether a functional disturbance manifesting itself as chorea did not end in the lesions. He was disposed to entertain the latter view.

PERISCOPE.

Lumbar Hernia.

Dr. J. Hutchinson, Jr., contributes to the *Brit. Med. Journal,* July 13, 1889, an interesting paper on lumbar hernia, in which he says:

It will be admitted that any contribution to our knowledge of this comparatively rare form of hernia is worthy of record, since there are several points about it which are still doubtful. It is generally assumed that the small triangular space bounded by the external oblique and latissimus dorsi muscles, and the crest of the ilium (Petit's triangle), constitutes a relatively weak spot in the abdominal wall, that hernial protrusion may here occur, but that strangulation of the contained intestine is very unlikely to develop. Indeed, almost the only record of an operation for strangulated hernia in this region which we possess dates from as far back as 1738 (Ravaton's case), since in Mr. Edmund Owen's case the rupture was neither strangulated nor obstructed. To Mr. Owen, so far as I can ascertain, belongs the credit of having performed the first operation for radical cure of a lumbar hernia. There is singularly little evidence as to the anatomy of this form, and what there is hardly confirms the current view that the presence of Petit's triangle accounts for the development of the hernial protrusion. No specimen had hitherto been shown at the Pathological Society; and I believe the one which I was able to exhibit there a few weeks ago, through the kindness of Dr. Stephen Mackenzie, is the only dissection of a lumbar hernia in existence in London. It was obtained from an elderly and rather emaciated man, who died (from other causes) in the London Hospital; the hernia was about the size of one's fist, was situated in the left lumbar region lying over Petit's triangle, and extending nearly from the last rib to the iliac crest, and it had existed for some years. It could be made to markedly diminish on pressure, was resonant to percussion, and had an impulse when the patient coughed. Gurgling could be detected when reduction was made, the swelling returning when the pressure was taken off. It caused the patient no pain, and hardly any inconvenience. I was naturally inclined to think that the hernia protruded through the orthodox triangle, but found, on dissection, that this was not the case, as the aperture, which would admit two fingers and was circular in shape, was really situated above and to the inner side of the triangle. The protrusion was, in fact, just outside the quadratus lumborum, through the transversalis aponeurosis and the latissimus dorsi, where the latter arises from the strong fascia covering the erector spinæ. Another interesting feature at the *post-mortem* examination was the absence of any peritoneal sac. The looseness of the attachments of the peritoneum in this region is well known, and is taken advantage of in certain operations, such as removing the kidney through a lateral incision. It was quite easy to make the peritoneum, by gentle pressure, protrude into the centre of the hernial tumor, and, as it was certain that it had habitually during life contained intestine, it is obvious that every time the latter was reduced the peritoneal sac must have returned with it into the abdominal cavity. Whether this feature has been present in other cases of lumbar hernia it is impossible to decide, but it is one rarely met with in connection with the more common varieties of rupture.

What part of the intestine was present during life in the hernia I was unable to decide; the descending colon lay just to the inner side of the aperture, but it is quite probable that some coils of small intestine really protruded. The fact that this can occur is proved by Ravaton's case, and that omentum may form part of the contents was also demonstrated in Baron Larrey's case. But it is no doubt true, as suggested by several writers on the subject, that the colon (ascending when the hernia is on the right side, descending when on the left) is the most usual part of the abdominal contents to protrude in this region.

With regard to the coverings of a lumbar hernia it might be expected that the outer part of the sac would contain some part of the internal oblique and the transversalis aponeurosis, for the muscular fibres of the latter cease externally to the usual site of the hernia. But such little evidence as we possess on the point does not confirm this view, for in the cases in which an incision has been made there is no mention of any muscular fibres being cut through. In my case the sac was really formed by a local hypertrophy of the subperitoneal fat which had insinuated itself through the aponeurosis and muscles, and had thus come to form a tumor the size of an orange in the subcutaneous tissue. I have demonstrated the mode of development of fatty herniæ in the femoral, inguinal, and umbilical regions by a series of preparations shown at the Pathological Society. It is certain that this mode of origin of hernia (the protrusion of subperitoneal fat followed by the descent of a peritoneal sac, and sometimes of intestine) is more common than one would be led to suppose from the ordinary text-book accounts, and it was especially interesting to me to find the same thing occurring in the lumbar region. It is probable that the cases reported by Marmisse, Auzias-Turenne, Gosselin, and Marquez, were of the same nature. Out of the twenty-nine cases of which I have abbreviated the records, sixteen (over 50 per cent.) developed spontaneously, or were attributed to strain, and all of them were in adults or elderly subjects. Males and females appear to be equally liable to lumbar hernia; seven cases of this class (of apparently spontaneous origin) were on the left side, four on the right.

In six cases (about 20 per cent.) the hernia followed in the track of a previous abscess or sinus, four in males and two in females. An ingenious suggestion has been made that the path which the protrusion takes may be determined by the course of a nerve, especially perhaps the lowest posterior lumbar branch, and this may apply to the original abscess, which leads later on to the hernia.

In five cases the hernia was due to wound or other severe traumatism of the loin, and two were said to be congenital. About the origin of the last form of lumbar hernia we are absolutely in the dark, for there is nothing in the development of the abdominal wall that explains the formation of a gap in the lumbar region.

For practical purposes we may say that the spontaneous form of lumbar hernia is confined to the period of adult life or old age, whilst that due to abscess or traumatism may occur much earlier.

It is quite erroneous to attribute to M. Petit the first account of lumbar hernia. It was mentioned by Barbette so long ago as 1650, and several cases were reported before M. Petit's very imperfect record was published in 1783; nor, as already mentioned, is there strong evidence that in the majority of cases the protrusion occurs through the triangle named after the French surgeon. Mr. Edmund Owen states that in the child on whom he successfully performed a radical cure the protrusion was at this site; but in the two other cases, in which one can feel certain on the point the triangle was not the seat of the hernia; in the former case it did not exist. As is well known, the latissimus dorsi and external oblique may be in close apposition at their attachments to the iliac crest; and Lesshaft, by examination of a considerable number of bodies, determined the fact that Petit's triangle was nearly always wanting in young children, and in about every fourth adult man. In grown-up women, however, it is practically constant. To those interested in the literature of lumbar hernia, Baron Larrey's and Dr. Braun's papers may be commended as giving the most complete account of the subject.

It only remains to say a few words as to diagnosis and treatment. With regard to the former, the mistake which has occurred most often has been to suppose that the hernia was a chronic abscess, and in Dolbeau's case the intestine was actually incised and a fecal fistula formed, which, however, ultimately healed. The absence of true fluctuation, the probable resonance, and the reducibility of the swelling, should serve to prevent such an unfortunate mistake. Other erroneous diagnoses that have been made are hernia of muscle, sarcoma, and hæmatoma: but it is unnecessary to do more than mention these. With regard to lumbar hernia, as is the case with most rare diseases, the knowledge of its possible occurrence is the first and the chief step towards a correct diagnosis. That in more than one case the swelling has been at first called a lipoma is not surprising, since it is probable that the hernia, in a fair proportion of cases, has actually consisted in a protrusion of the subperitoneal fat. At any rate, this view is supported by the example now brought forward.

With regard to treatment, the use of a well-made abdominal belt nearly always suffices, but one may safely conjecture that Mr. Owen's case will be followed by others in which a radical cure is effected by operation. It is a curious fact that Ravaton's case, reported more than one hundred years ago, remains the only one in which there is a clear history of operation for strangulation, though one or two others have been recorded in which this complication has occurred.

Massage of the Eye-Ball.

Mr. Simeon Snell, in an Address, published in the *British Medical Journal*, July 13, 1889, says:

A mode of treatment which has come much into vogue in both medical and surgical practice in recent years has also found its uses in ophthalmic cases; I refer to massage. It is true that there is not scope for the many refinements under various names with which massage has beset itself. The mode of employment as advocated on the Continent and in this country by myself is very simple. It consists in rubbing gently, in varying directions, to and fro, and in a more circular manner, the eyelids over the eye-ball. The friction may be concentrated chiefly on one spot or be more general, and the surfaces of the eyelids may be rubbed together. Usually a lubricant is used, and vaseline answers this purpose; but, especially in corneal and conjunctival affections, which are so often well treated by massage, the yellow oxide of mercury ointment, made with vaseline, is to be preferred, the value of the ointment and of the massage being made use of at the same time. Time compels me only to mention in the most general way the cases for which this method is applicable. Corneal and conjunctival affections, chiefly in chronic, but often in acute cases, derive great benefit from massage; generally they should be free from irritability. In the often obstinate cases of perisscleritis it is frequently of great service.

Dr. Mules not long since recorded a case illustrating the value of massage in a recent instance of embolism of the central retinal artery; vision was recovered.

A class of cases has much interested me. I refer to traumatic cataracts, and I include among these soft cataracts which have been needled. I have no doubt that in many cases the process of absorption is decidedly promoted by massage. It should not be adopted until the eye is tolerably free from irritability. If the opening in the capsule is at all free, softened portion of lens can often be massaged out of the capsule into the anterior chamber, and any portions already there can be moved about in the aqueous. More recently I have made use of massage as a means of ripening immature cataract, especially in cases in which Forster's operation for maturation has not produced such a rapid development as could be wished. In others the anterior chamber may be tapped before commencing the massage. My experience is too limited at present to speak as to its value in these cases.

Some years since I met in the street an old infirmary patient who had undergone successful cataract extraction in one eye. I asked when he was coming to have the other eye operated upon. He replied he was "rubbing it off." When I desired him to come and see me when he had rubbed it off, I little thought that I should be advocating massage as a means for promoting absorption, at all events, of traumatic cataracts, or, as my friend would have called it, "rubbing it off."

Nephrectomy of a Horseshoe Kidney.

Professor Socin, of Bâle, performed an exploratory operation last year on a woman, aged 47, who had been subject for thirty years to pains in the right hypochondrium, where a tumor had gradually formed. He aspirated, and found that the swelling contained urine; then he performed nephrotomy. Hydronephrosis was discovered during the operation. The urine passed by the urethra remained normal, but on and after the fourth day an abundance of turbid urine drained from the opening made in the kidney, and an examination led to the conclusion that parenchymatous nephritis and purulent pyelitis were present. On May 12 nephrectomy was attempted. After an abdominal incision and successful ligature of the structures in the hilum, it appeared that nothing was left to do besides setting free the lower part of the diseased kidney. On careful manipulation this extremity was found to be continuous with a bridge of renal tissue, which passed over the aorta and vena cava and joined the lower part of the left kidney. This bridge or isthmus was found to be but loosely connected with the great vessels. Dr. Socin divided it by means of the thermo-cautery, so that the right side of the horseshoe kidney came away. Five ligatures were applied to bleeding points on the raw surface left behind, which was then covered over by the capsule, the edges of the latter being united by sutures. An abdominal-lumbar drain was applied. The patient was in excellent health four months after the operation. In Braun's (Heidelberg) similar case a horseshoe kidney was discovered at operation for the removal of a pyonephrosis. The isthmus adhered strongly to the vena cava; on attempting to separate them, profuse venous hemorrhage occurred, which was controlled with difficulty. The patient sank from exhaustion at the end of the operation.

A Drainage-Tube Passed Through the Rectum.

Dr. Mariani describes in the *Siglo Medico* a case where a rubber drainage-tube was passed into the abdominal wound after the removal of a large dermoid cyst which adhered to the parietes, the omentum, and the liver. The patient was 46 years old. The wound healed in a week, but the tube had been allowed to slip into the abdominal cavity. The patient complained of pain referred to the left anterior superior iliac spine. A week after the healing of the wound the tube was passed during defecation. It had probably caused inflammation of the adjacent large intestine, and passed through the softened walls of the gut. About twelve years ago an entire stump of an ovarian pedicle was passed at stool. The case occurred in Germany, and the patient recovered. The expelled body must have entered the intestinal canal in the same manner as in Dr. Mariani's case.

Indications for Operating on Disease of the Mastoid.

In the *New York Medical Journal,* May 25, 1889, Dr. Charles H. May gives an account of his experiences at the Aural Clinic of Prof. Hermann Schwartze, of Halle, Germany, who is a great authority on diseases of the mastoid. The indications for opening the mastoid, according to Schwartze, are:

1. Acute inflammation of the mastoid with retention of pus, if the application of cold by the ice-bag or coil and the performance of Wilde's incision have failed to cause the œdematous swelling, pain and fever to disappear. In children the palliative treatment may be tried a little longer, but in adults a delay until pyæmic or meningitic symptoms set in he considers decidedly. For, if doubt exists, it is better in his opinion to err by performing an operation which is now almost devoid of danger

to life. Even if no pus is found, the operation may be and often is curative in checking the further progress of the inflammation.

2. In chronic inflammation of the mastoid, where repeated attacks of swelling with consequent improvement have taken place, or where there has been the formation of abscess or fistulæ pointing or opening at or through the skin of the mastoid region, the neck, auditory canal or pharynx. The operation is recommended in these cases, even though there is no immediate danger of life, for in such cases surgical interference is less dangerous than the results of a continuation of the chronic inflammatory process.

3. In cases in which, although the mastoid appears healthy, externally, there is retained pus or cholesteatoma of the middle ear which cannot be evacuated by the natural channel, as soon as symptoms appear which indicate that complications dangerous to life are imminent.

4. In cases of long-continued pain in the mastoid region, although the bone is apparently healthy, when the pain is not controlled by other remedies. Here the chiseling of a funnel-shaped or boat-shaped piece of bone from the sclerosed cortical portion of the mastoid may effect a cure without the necessity of extending the opening into the antrum.

5. As a prophylactic measure against the fatal consequences which might ensue as a result of incurable purulent inflammation of the middle ear with fetid discharge, in cases in which there are no other symptoms of retention of pus in the middle ear, except an obstinate penetrating fetor of the pus, despite careful cleansing and disinfection through the auditory canal and the Eustachian tube. In these cases the antrum is opened and kept open for a time, in order to permit washing out of the middle ear from behind.

Large Families.

One of the New York papers having offered a prize to the Metropolitan mother who had successfully reared the largest number of boys and girls, quite a number of claimants with a dozen children appeared and a few with fourteen. But the prize was carried off by the mother of fifteen children, all living, the youngest being five years of age. The father of this interesting family was one of fifteen children, some of whom have died, but the mother is one of fifteen, all of whom are living, some of them at advanced ages. The story developed by the prize offer is interesting, in view of the alleged deterioration of the human stock.—*Ledger*, Sept. 9, 1889.

Medical Aid Stations in Berlin.

The Berlin correspondent of the *Medical Age*, June 10, 1889, says that in Germany, especially in the metropolis, every city has provided for hundreds of medical aid stations—one in every four squares or so—where experienced medical services can be commanded in case of emergency. This institution is a blessing, especially at night, and is of equal service to the poor and the rich. The town pays for the medical officers, who are not at liberty to accept fees. The subject is of sufficient importance to engage the attention of the municipal guardians of American cities.

Congenital Chorea.

M. Michon showed at the March meeting of the Society of Medical Sciences in Lyons an infant suffering with congenital chorea. The infant, a male, was born at full term, and since birth has exhibited rhythmic convulsive movements of the muscles of the face and limbs. Its mother had suffered from an attack of "brain fever" at four years of age, and with regard to its grandmother, there was a history of convulsive attacks with contractions.—*Medical Press and Circular*, June 12, 1889.

Antipyrin, Antifebrin, and Phenacetin in Whooping-cough.

Dr. Leubuscher, of Jena, states in the *Centralblatt für klin. Medicin*, No. 7, 1889, that Sonnenberger, who was the first to recommend antipyrin as a specific in whooping-cough, has gone too far in his estimation of the remedy. When administered early, antipyrin is unquestionably capable of influencing the course of whooping-cough, both in its intensity and duration, so that in some cases the whole disease is passed with at most six or seven attacks of less intensity in the twenty-four hours, and ceases entirely after three or four weeks. On the other hand, however, Leubuscher was in no case either able to abort whooping-cough with antipyrin, or, by administering it as a prophylactic to a child whose brothers and sisters were ill with the disease, to prevent an outbreak of it. In the height of the disease antipyrin is of as little service as the other remedies.

Leubuscher has obtained as favorable results from the cheaper antifebrin as from antipyrin; but on account of the danger of continuous administration of antifebrin he cannot unconditionally recommend it. The author found phenacetin completely inactive.—*Deutsche Medizinal-Zeitung*, July 1, 1889.

Mustard Plaster.

Never place a cold mustard plaster upon a patient. The shock is like a sudden plunge into cold water. Before you commence to mix the paste be sure you have all the necessary material at hand. First put a large plate where it can get warm, not hot. Then stir the mustard and flour thoroughly together before you add the water, which should be tepid, stir in enough water to make a paste about the consistency of French mustard. Place your cloth (an old handkerchief is best) on the warm plate, spreading the paste in the middle of it, leaving a margin wide enough to lap well over on all sides. Do not remove paste from the plate until ready to apply. Place a folded cloth between paste and patient's clothing.—*Trained Nurse*, July, 1889.

Chloroform in Diseases of the Lungs and Heart.

Prof. O. Rosenbach, of Breslau, states in the *Internat. klin. Rundschau*, No. 1, 1889, that a very large experience has persuaded him of the efficacy of inhalations of small quantities of chloroform in some cases of diseases of the lungs and heart. These are the cases in which one has to cut short relatively brief and frequent attacks. There is one advantage in inhalations of chloroform, that the physician can stop the inhalations at will and so have control of the dosage of the narcotic. They are especially active, he says, in the attacks of dyspnœa occurring in patients with heart disease and emphysema, in the frequent paroxysms of cough of phthisis, and often also in hiccough and in certain neuralgic disturbances of the heart.

In giving the inhalations, the author drops from seventy-five to ninety minims of chloroform upon some cotton in a funnel, and the patient is allowed to inhale the vapor slowly. The cone is not held too near, so as to allow an abundant supply of atmospheric air to enter the cone. The patients, he says, soon attain a certain degree of comfort or fall asleep, to awake in an hour strengthened. Even attacks of œdema of the lung can be aborted by it. Finally, the author recommends chloroform and the less irritating chloroform water as an analgesic and antiparasitic remedy for application to the parts of a larynx affected with tuberculosis.—*Deutsche Medizinal-Zeitung*, June 20, 1889.

Iodoform in Hemorrhage.

In the Bulgarian bi-weekly *Meditzinskĭ Preglĕd*, Nos. 3 and 4, 1889, Dr. Mikhaloff, of Sophia, the editor, publishes a very interesting paper in which he highly recommends the internal administration of iodoform, in the dose of three-fourths of a grain five times daily, as an excellent remedy in hemoptysis, hematuria, menorrhagia, metrorrhagia, flooding after abortion, intestinal hemorrhage (including that of typhoid fever and tubercular ulceration of the bowels), bleeding from hemorrhoids, etc. He adduces a long series of instructive cases treated with the remedy, and adds that Dr. L. Serafimoff, of Sophia, also obtained most gratifying results from the drug in several cases of metrorrhagia and obstinate profuse bleeding from the nose. In conclusion, Dr. Mikhaloff suggests a trial of the remedy in dysentery, in which iodoform may prove beneficial, not only by virtue of its hemostatic power, but also as a disinfecting agent capable of checking any putrefactive processes in the intestinal contents.

Rapid Rotation of the Head in Occipito-Posterior Positions.

M. Budin calls attention to the fact that sometimes the fetal head, when in an occipito-posterior position, will perform rotation so rapidly that the occiput will come under the pubic symphysis while the limbs and body have not yet turned, so that the back of the head faces the anterior portion of the body of the fetus. In one case given, in which version was intended, the hand introduced into the uterus to search for the mouth found it only by following the posterior plane of the body. M. Ribemont made sections of the frozen fetuses, which had first been put into a state of forced rotation as above described, and he found that the rotation took place not only in all the cervical column, but also in the dorsal region down to the seventh dorsal vertebra. On account of this known action, it was proposed to employ the forceps in occipito-posterior positions when the head arrived at the perineum and the rotation was not accomplished. Dr. Budin was lately able to make this new application of the forceps with complete success for the mother and child, and thus to give a practical demonstration that there may be a considerable degree of rotation of the fetal head, and that an accoucheur can bring about this movement in certain cases, without fear of a dislocation of the cervical column and death of the fetus.—*New York Medical Journal*, April 26, 1889.

Pathogeny and Metastasis of Eczema.

M. Gaucher states, in a communication to the *Bulletin Médical*, September 1, 1889, that it is often dangerous to cure eczema, especially in children. He thinks that the exaggerations of the anatomical school and of parasitic doctrines have caused the part played by humoral alterations in cutaneous affections to be completely forgotten. Something is known of chemical alterations of the blood and humors in diabetes, in gout, and in uremia; and in all these diseases metastases are observed which, according to the facts of contemporary science, can be called chemical metastases. Hence, in patients affected with eczema, he says, we may suspect the existence of toxic principles which are eliminated by the skin, which thus acts as a safety-valve. The toxic principles are the products of mal-assimilation. If the skin affection is suppressed, the toxic matter may accumulate in the internal organs and determine more or less rapid and more or less grave accidents, according to the seat of the metastasis. These accidents should be more frequent in children because of the greater activity of their nutrition, which leads to an easier displacement of toxic matter, and because of the delicacy of their organs; they should be graver in children because their resistance is less.

Gaucher gives nine observations, which appear to confirm his theory. He concludes that in old persons and in children much circumspection should be exercised in the treatment of eczema, especially if it is very extensive. The whole diseased area, he says, must not be treated at once, but it should be attacked in successive fractions. Too energetic topical applications should not be employed. It is necessary to proceed slowly, in order to habituate the organism, in some degree, to the suppression of the cutaneous emunctories, and to give time to the toxic principles to be eliminated little by little by the intestine or kidneys. In his opinion, it is even necessary to provoke this substitution of emunctories by the administration of purgatives, and of diuretics, of which, he says, milk is certainly best.

Death from Rattle-snake Bite.

It is very seldom that a death from rattle-snake bite is actually recorded; but the daily papers of October 1 report that a postal clerk on the route between Melbourne and Jupiter Inlet, Florida, died September 29 from the bite of a rattle-snake. About midnight of the day before he accidentally stepped on the snake as he was walking along the highway, and the reptile buried its fangs in one of his legs. He twisted a handkerchief about the wound and hurried to a physician. The wound was cupped and poulticed, and whisky administered freely, but the treatment proved unavailing.

Chloralamide, the New Hypnotic.

Dr. E. Peiper communicates to the *Deutsche med. Wochenschrift*, No. 32, 1889, an account of the experiences at Mosler's clinic with chloralamide. It was given in the form of a powder, in doses of from 15 to 45 grains, with 15 grains of elæosaccharum of fennel (a mixture of oil of fennel, one drop, and sugar, 15 grains); or in capsules, to be followed with a drink of milk, water, or coffee. It was frequently also given in a mixture:

℞	Chloralamide	gr. xlv
	Acidi hydrochlor. dil.	qtt. v
	Aquæ destil.	f℥ii
	Syr. rubi Idæi	fʒiiss

M. Sig. To be taken in one dose.

Wiener med. Presse, August 25, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

AMYLENE HYDRATE IN EPILEPSY.

New and effective remedies in the treatment of epilepsy are very much needed. From time to time many such have been suggested; but the hopes inspired by the assertions of their advocates have been dashed to the ground. Amylene hydrate is one of the most recent claimants for favor. In the *Neurologisches Centralblatt*, No. 15, Dr. H. A. Wildermuth, of Stuttgart, has an interesting communication giving the results obtained by him in sixty-six cases of epilepsy which were treated with amylene hydrate. From the *Wiener med. Presse*, August 25, 1889, we gather that the patients were about equally divided as regards sex, thirty being men and thirty-six women. The result is stated to have been favorable in the majority of the cases, and in some instances the disease seemed to be absolutely aborted. As regards the quantity of the drug given, Wildermuth says that from thirty to forty-five minims were given at a dose, or from seventy-five to one hundred and twenty minims in the day. After a number of trials it was found most suitable to make a watery solution of the amylene hydrate, of the strength of one part in ten, of which solution from five to ten teaspoonfuls were given at a dose, in diluted wine or fruit juice. The character of the disease appears to have offered a severe test of the efficiency of the remedy; for with one exception the patients had been affected with epilepsy for years, and had been previously treated for a long time with bromides—the bromide of potash alone, or a mixture of the salts of bromine. In addition to the bromides, most of the patients had also received atropine, or pills of zinc and belladonna. The administration of the pills was discontinued immediately upon beginning the amylene treatment. The bromides, however, were not stopped at first, but were only lessened in quantity at very short intervals; and if, in spite of this, the favorable result apparently due to the amylene hydrate continued, the bromides were no longer given in any amount.

The results appear to be of special interest in cases in which there were a number of attacks at one time, which by other means we are often powerless to overcome. In such cases, Wildermuth states that one or two subcutaneous injections of the drug were found preferable to its administration in any other way. No bad secondary effects of any kind were observed in the employment of the drug in the manner described in the *status epilepticus;* but when it was used for a longer time in larger doses, some disagreeable symptoms occurred which deserve special mention. In the first rank is to be named deep persistent somnolency, which in certain cases set in, in a wholly unaccountable manner, even after small doses. This often ceased spontaneously after the patient had become accustomed to the amylene, and did not necessitate a diminution of the daily dose. Administration of the remedy in more appropriate dose, and regular mid-day rest, were found of assistance in accustoming the patient to the action of the amylene. If this result was not secured, but the favorable action of the drug upon the epilepsy still made its repetition desirable, small doses of cocaine—one-third to five-sixths of a grain—given internally, were found to have a good effect in overcoming the somnolency. Rarer secondary effects than somnolency were digestive disturbances, constipation, and deficient appetite. These, he says, may also disappear spontaneously, or upon the administration of doses broken as much as possible. Wildermuth, however, declares that he has never observed continuous disturbance of the digestive functions.

An objection to the prolonged administration of the amylene hydrate—for months or years—is the fact that, in many cases, its anti-epileptic action ceases after six or eight weeks, and that further increase of the dose is inadvisable on account of the increase in the bad secondary symptoms already mentioned.

Wildermuth regards the employment of the drug as indicated: first, in epilepsy characterized by frequent paroxysms; second, whenever a patient shows the toxic effects of a bromine compound, and a temporary discontinuance of the remedy appears to be indicated; and finally, in nocturnal epilepsy, perhaps in this variety alternating with a bromide or, in recent cases, with bromide and atropine. According to his observations, the effect of the amylene in pure nocturnal epilepsy appears to be better than in the cases in which the attacks occur by day or by night in a less regular manner.

It is evident from Wildermuth's paper that he does not expect amylene hydrate to replace the bromides in the treatment of epilepsy, but rather that he regards it as preferable in certain varieties of the disease, and as a substitute for them in the special conditions mentioned. The moderate tone he adopts in his praise the more inclines us to hope that other clinicians will find it as helpful as he has in the treatment of this distressing and obstinate disease.

ACID SUBLIMATE SOLUTION IN DIPHTHERIA.

Mercury is one of the oldest remedies in diphtheria. It was employed with confidence by physicians in the early part of this century, but fell into discredit at a time when it was much abused in almost all the diseases in which it was administered. In more recent years it has been recommended for internal use, especially by Dr. William Pepper and Dr. Abraham Jacobi. The latter regards it as most valuable in the laryngeal form of the disease. Mercury has also been employed in solution for its local effect; but whether used in the form of a spray, or applied directly by means of absorbent cotton and a probang, the results hitherto have not been encouraging. In the *Berliner klin. Wochenschrift*, August 26, 1889, Dr. Rennert, of Frankfort on the Main, recommends a slight modification of the method of applying the mercurial solution directly to the throat, which, he asserts, has been followed by excellent results in his own practice. The modification referred to consists in acidifying the sublimate solution with tartaric acid, as originally suggested by Laplace. The proportions of mercury and tartaric acid to the water are: bichloride of mercury, one part; tartaric acid, five parts; water, one thousand parts. In applying the solution, a wad of absorbent cotton moistened with it is held in a pair of forceps, and with this brush the false membrane adherent to the throat or tonsils is wiped off, from below upward. The author admits that it is by no means easy to clear the throat in this way; and perhaps to most persons the process would suggest scraping rather than wiping. If his statements are accepted, however, the results have been exceedingly good: all of the sixty-two patients treated in this manner, during a period of fourteen months, recovered; fever disappeared in from one to five hours after removal of the membrane; and the only complications observed were, in one case each, inflammation of the middle ear, paralysis of the palate, strabismus, and very slight inflammation of a number of joints. It should be stated that when the membrane removed was deep seated, an ulcer was left; this it was found advisable to touch with the solution morning and evening until the fever subsided. No other local treatment was employed than the one described; but the author states that he willingly permitted the patients to suck oranges, in order that an acid reaction might be maintained in the pharynx.

The method described has much to recommend it on theoretical grounds: corrosive sublimate is probably a most efficient germicide and disinfectant, and the addition to it of an acid makes it more penetrating; and, therefore, its employment in the removal and destruction of the false membrane in diphtheria should prevent subsequent infection. But practically there are serious objections to its use in the way proposed. Most cases of diphtheria occur in young children, who do not co-operate with the physician and cannot be expected to. As a matter of fact, they usually make so great resistance to much milder local measures that the physician is obliged to desist from attempting them, lest the struggles of the little patient result in dangerous exhaustion. Moreover, the method is not applicable to cases in which the membrane is so extensive that it cannot all be removed. This Rennert himself admits. Any membrane left would serve as a fresh focus of infection. We may venture to conclude, therefore, that—if the experience of other observers confirms the results obtained by Dr. Rennert—the local use of an acid solution of corrosive sublimate will be found of service in cases of diphtheria in older children and in adults, when the membrane is not too extensive to be removed entirely.

TREATMENT OF BURNS WITH IODOFORM GAUZE.

It is desirable in the treatment of burns to have a dressing that is dry; that will tend, at least, to prevent decomposition of the discharges; and that is anodyne. In extensive superficial burns a dressing of patent lint wet with carron-oil, followed, when the acute pain is over, by oxide of zinc ointment thickly spread on some soft material, gives excellent results. But the combined odors of the oil and of the discharges from the burn are offensive to most persons. At the meeting of the Congress for Dermatology and Syphilis, at Paris, August 5 to 9, 1889, Dr. Schiff, of Vienna, spoke of the treatment of burns with iodoform, which had been previously recommended by von Mosetig. Dr. Schiff asserts, according to the *Wiener med. Presse*, August 18, 1889, that iodoform lessens the violent pain felt in burns, and brings about a speedy recovery. According to the method he recommends, before the iodoform is applied, the blisters are removed and the burned surface is washed gently with cotton soaked in a one-half per cent. salt solution. Several layers of iodoform gauze are then laid upon the burn, a piece of gutta-percha is laid over them, then a layer of absorbent cotton is applied, and the dressing is held in place with a bandage. If the discharges from the burn soak through the dressing to the bandage, the latter and the cotton are changed; but the iodoform gauze is allowed to stay on until the end of the first or the beginning of the second week. Mosetig recommends that no water-proof material should be employed for the outer dressings, as they result in needless maceration of the granulations. When the burn is on the face, he recommends an ointment of iodoform, of a strength of one part to twenty, over which a mask of gutta-percha is placed. The dressing should be renewed daily.

Schiff states that he has treated in this way one hundred and nine cases of burn, some of them very severe, and has obtained a cure in most cases. If the gauze is properly applied, he says that no poisoning occurs even when the burn covers an extensive area. Hebra, of Vienna, was more reserved in his statement as to the good effect of iodoform; he said that he had seen good results from it at the beginning when the scabs had not separated; but after they had come away he thought the iodoform hindered the skinning over of the granulations. When this is the case, he asserted that resorcin in one or two per cent. solution, caused a rapid production of epithelium.

Those who have been successful in the treatment of burns by a certain method naturally will be very slow to change it for another; but it is always well to have more than one good method to which recourse may be had to meet the requirements of any case, or even to suit the preferences of the patient. In the present case, iodoform gauze will make an aspetic dressing, and if it can, as Schiff and Mosetig say, be left on for a week or more, much discomfort and actual pain will be saved the patient. Moreover, this dressing is clean and is easily applied. We think it is worthy of a fair trial at the hands of surgeons and general practitioners in this country.

A MEDICAL PLAGIARIST.

The *New York Medical Journal*, October 12, 1889, contains an Editorial making appreciative reference to an article which was published in the *Pacific Medical Journal* for September, entitled "Gynaia—A Review." This article is exceedingly amusing, and would be very creditable to the supposed author, who modestly hides his personality under the *nom-de-plume* of "Figulus," were it not for the important fact that he stole it —almost word from word and point for point —from an Editorial in the N. Y. *Times*, about ten years ago—July 8, 1878. It is likely that "Figulus" hoped this fact would not come to the notice of the readers of the *Pacific Medical Journal* on the Western coast of the United States, but he ran a little risk on the memories of its readers in the East.

We sincerely trust there is nothing more than a coincidence in the fact that the word "Figulus" means a potter, and that one of the collaborators, named on the title-page of the *Pacific Medical Journal* is Lewis Potter, A. M., M. D., Professor of the Theory and Practice of Medicine in Cooper Medical College, San Francisco.

TREATMENT OF BRIGHT'S DISEASE.

Among the various methods proposed for the treatment of Bright's disease, one of the most recent is that of a prolonged stay in a room with a very high temperature. This method, which was proposed by Dr. Luton, of Rheims, in August of this year, appears to be rational, and it certainly gave a good result in a case in which he watched its effects. It takes advantage of the intimate relation which exists between the skin and the kidneys in the function of excreting water. If patients with albuminuria, dropsy and a disposition to uremia are kept in a room with a temperature of 95° Fahr., a condition is provided appropriate to their sensitiveness to cold, while their defective excretion of urine is made up for by perspiration, the kidneys diminish their functional activity, and, under the influences of this relative rest, gradually return to their normal condition.

A small room, a quiet bed, a stove and a thermometer are all that is necessary. The degree of warmth must be such that the patient will be kept always on the border between perspiration and moisture of the skin. The principal part of the treatment is the constant staying in moderately warm and dry air. The method entails some discomforts in attendance upon the patient which, for the most part, can be obviated by having a window in the door.

Dr. Luton learned this method of treatment by accident. A woman who was affected with Bright's disease passed through different methods of treatment unsuccessfully, and then went to the Hôtel Dieu. Dr. Luton was always astonished when he entered her room to find how extraordinarily warm it was—at a temperature of 95° Fahr. While he himself felt very uncomfortable, the patient was very well and was scarcely noticed to sweat. There was no occasion to change the treatment; the patient recovered, the œdema subsided, and the albumin disappeared from her urine. After a month the temperature of the room was gradually lowered, and after a second month the woman left the room cured. Since more than a year the patient has returned to her usual manner of life and has enjoyed the most complete health.

This case is reported in the *Deutsche Medizinal-Zeitung*, May 23, 1889, and it would be interesting to know if another patient, subjected to such a temperature intentionally, would bear it as patiently, and secure as good results from it.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

INEBRIETY: ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By NORMAN KERR, M. D., F. L. S., President of the Society for the Study of Inebriety, etc. Second edition, 8vo, pp. xxxii, 471. London: H. K. Lewis, 1889.

Dr. Kerr makes a strong appeal that inebriety should be recognized and treated as a disease, not as a vice or as a crime. This appeal is directed more to the sympathies of his readers than to their reason. In reading over the chapters treating of the predisposing and exciting causes of inebriety, we are led to think that, in the author's opinion, almost anything may serve as a cause. He cites the case of a clergyman: "Learned, studious, self-denying, he is an active and energetic worker in the service of his Master. . . . . Under the influence of some sudden nervous shock, or, as I have also seen, through exhaustion of brain from excessive toil and worry, his nervous system is shattered, he is completely crushed, and (it may be medically) takes an occasional alcoholic stimulant. He feels refreshed and reinvigorated for the renewed performance of the duties which lie so near his heart. . . . . Insensibly he is drawn closer and closer within the fascinating, narcotizing, physical embrace of alcohol"—and then, of course, degradation is rapid. No one will deny that a clergyman—or any other man—who becomes a drunkard is diseased, and that he should receive medical treatment with a view to restore his wrecked physical condition and to strengthen his weakened will power and moral sense; but—apart from the palliating circumstances, which Dr. Kerr records with such a sympathetic touch, which explain and excuse but do not justify the act—the case is simply one in which a man yielded to temptation, ignored the consequences, and became a drunkard. He became a diseased man, but the act which made him such was not caused by disease. This distinction Dr. Kerr does not make.

In the treatment of the majority of cases, especially at the later stages, the author thinks there is nothing equal to a "lengthened abode" in a genuine or well-conducted home or retreat for inebriates. The book concludes with a good account of the laws affecting the inebriate.

The book is a special plea rather than a sound argument in favor of the author's thesis. It is interesting, however, and should be read by those who desire to hear all sides of the question.

BOOK ON THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. CATHELL, M. D. 8vo, pp. 298. Ninth edition, revised and enlarged. Philadelphia and London: F. A. Davis, 1889. Price, $2.00.

The fact that this book has already reached a ninth edition clearly shows that physicians have felt the need of a book devoted to an explication of their relations to their patients, and to advice bearing upon the achievement of reputation and success. Dr. Cathell's book is now so well known that an extended review is unnecessary. Perhaps his readers will feel that his advice has in it too much of the wisdom of Solomon and too little of the spirit of St. Paul; but then those who feel so will be less likely to be harmed by it. The young man may perhaps put the book down with the feeling that, if the author is correct, there is more in show than in sound learning; whereas he should consider that learning may go unrecognized and unrewarded unless it is accompanied by pleasing, cordial manners and attention to all the little details which develop and maintain reputation and the success which follows it. The book is full of helpful hints, and is valuable if only for its suggestiveness.

IMMUNITY THROUGH LEUCOMAINES. By EUSEBIO GUELL BACIGALUPI. Translated from the second French edition by R. F. RAFAEL, M. D. 8vo, pp. x, 155. New York: J. H. Vail & Co, 1889.

The author believes that germs cause the infectious diseases—such as small-pox, fowl-cholera, cholera, anthrax, etc.; but he does not believe that the immunity which follows inoculation with the attenuated virus of the disease can be explained by the action of the microbes themselves. He has been led to this belief by a statement of Ferran's, that by habituating the nature of man to the poison produced by the microbe, he had rendered it refractory to the disease, just the same as immunity from the fatal effects of morphine is obtained by its frequent use. In this case it would not be the microbe, more or less attenuated in its disease-producing power, nor yet a similar disease, which produces immunity when inoculated; but it would be the poison generated by the vital activities of the microbe. A man supplied with abundance of food, but placed in a room hermetically sealed, will gradually perish from the re-absorption of his own exhalations, which are poisonous to him. The same result will follow in the case of a fish in a glass-globe, supplied with water and open to the air, if the products of its life are left in the water. In other words, in all living beings the products of life are noxious to this same life. It follows, therefore, that microbes supplied with a limited amount of broth will perish from the gradual accumulation in it of their own noxious products—leucomaines; and that, if into this broth new microbes are introduced, they will die there, just as a man will die if he enters an apartment where others have already died after having absorbed all the elements of life existing therein and leaving behind the products of their own existence.

The author's theory as to the production of immunity, briefly stated, is that immunity in an infectious disease is secured by the inoculation of the leucomaine peculiar to the microbe causing the disease. This theory he supports by many ingenious arguments. The first part of the book explains the theory and the reasoning which led up to it; the second part is devoted to a demonstration of it; and the third part to an explanation of some of the phenomena of infectious diseases by the theory. The author attempts to explain how immunity may last for years, if it is due to the presence in the body of a leucomaine; but in this he cannot be said to have succeeded.

The book is an extremely interesting and valuable contribution to our knowledge of immunity. Its theory is not proved, but it deserves careful consideration; and it seems to us the best explanation of the subject yet offered. The work of the translator has been well done, but the appearance of the book is marred by a number of careless typographical errors.

DORANCE. By R. E. Nelson. 8vo, pp. 223. New York: John B. Alden, 1889. Price, 75 cents.

This book is not of the kind usually reviewed in the pages of the Reporter, but it has been forwarded by one of our subscribers with a special request for notice. It appears that the author was not twenty years old when she wrote this book, and this adds interest to what is in itself a very interesting story with an admirable purpose, namely, to illustrate the injustice and wrong of the system of black slavery which used to be a blot to the civilization of this country. The story describes the vicissitudes of a white child that was kidnapped by a bereaved slave in revenge for her own loss, and describes the execution of a sort of poetic justice against this unfortunate child. The painful part of the story is made up at the end by a happy *denouement.*

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LITERARY NOTES.

—The first number of the ***Lehigh Valley Medical Magazine*** is an octavo of 46 pages and cover. It is to be published quarterly by the Lehigh Valley Medical Association, and is to contain the transactions and papers of the Association, and such other matters as may be found convenient and profitable. The price is to be $1.00 a year. The first number is an admirable one, and its successors are likely to have the same character. It is not intended to compete with other medical magazines, but cannot fail to be of interest to the profession in the immediate neighborhood of the Lehigh Valley. The enterprise will have, we are sure, the best wishes of the already established medical publications.

CORRESPONDENCE.

Telephone Probe.

To the Editor.

Sir: If you can spare the space in your journal, I wish to discuss an invention called "the telephone probe," described in the Reporter of Sept. 28. Will this "telephone probe" act as described? Two platina points project one-sixteenth of an inch through a canula; the platina wires are insulated to near the points; the opposite ends are connected to positive and negative pole of a battery; the circuit is to be completed by projecting the platina points against a bullet imbedded in the tissues of the human body.

This would no doubt work admirably, were the experiment tried outside of the body. But a line of contusion in the body, made by the passage of a metallic projectile will be filled with moisture, and the instant the probe point enters it, the moisture surrounding the platina points will complete the electric circuit as readily as if you had plunged the point into a tumbler of water.

Water is a fair conductor of electricity, and its conducting power is increased when it contains chloride of sodium in solution. The latter is present in the contents of sinuses through which we are most likely to wish to pass such a probe for diagnostic purposes. I therefore claim that such an invention, though in theory correct, is in practice unavailable.

Yours truly,
J. H. Payne, M. D.

Julietta, Ind.,
Oct. 3, 1889.

[Dr. Payne's criticism is incorrect. The whole basis of the invention, as properly described by Dr. Bashore, is "the greater conductivity of metal compared with the surrounding tissues of the body." There is some current all the time, of course, but the telephone or magnet only indicates the greater current produced in the circuit when it is closed by a bullet or other piece of metal. The small battery makes this possible.—Editor of the Reporter.]

New Hypodermic Syringe.

To the Editor.

Sir: I notice in the Reporter, Sept. 28, an article by John J. Thomas, M. D., of Youngstown, Ohio, in regard to a new form of hypodermic syringe. I think it has one fault, and that a very important one—the impossibility of total exclusion of air. The suction of the bulb itself will not always do it; neither will the pressure of the thumb and finger always graduate finely enough.

Yours truly,
W. H. Lewis, M. D.
Birnamwood, Wis.,
Oct. 6, 1889.

NOTES AND COMMENTS.

The Venom of Snakes.

The venom of the rattlesnake has been frequently made the subject of study, and, while its action as a poison has been generally conceded, some writers have endeavored to prove its efficacy as a drug. Surgeon L. A. Waddell, M. B., has recently been availing himself of his opportunities as a deputy sanitary commissioner in Bengal to determine a point about which it would seem that much uncertainty existed—the curious question of the effect of serpent venom on the serpents themselves. In a paper he has published he quotes the contradictory conclusions arrived at by previous experimenters, and endeavors to show that, from the accounts of the experiments, it by no means followed that death, when it occurred, was the result of auto-toxic action. Accordingly, he felt that the question was still open, and proceeded to some very interesting investigations, conducted under different conditions of temperature and season, verifying his results by control experiments upon other animals and by *post-mortem* examination of the snakes he employed. In every case the fresh venom was injected into the cobra with an ordinary hypodermic syringe; the serpents operated upon were all healthy, and had recently been caught; the snakes were kept under observation from nine to fifteen days subsequently, and were then killed. The experiments generally confirm and extend the principle formulated by Fontana in 1765, that the venom is neither a poison to the snake itself nor to those of its own species. This immunity is not to be explained upon the mere fact of the animal being cold-blooded, or upon the anatomical conformation of ophidians, since most, if not all, of the non-venomous snakes are susceptible to venom. Surgeon Waddell suggests that it may result from a toleration established through frequent imbibition of the venom in the modified or attenuated form which it assumes when mixed with salivary and gastric juices and absorbed through the alimentary canal, and in support of this hypothesis he mentions the popular belief that certain snake-charmers, by a process of inoculation with venom, gain protection against the bite of a particular species of venomous snake. If this hypothesis can be verified by further experiments, it will go far towards affording indications for combating the action of the venom on man. The subject is of such importance, and the experiments detailed appear so conclusive, that we look forward with interest to the further prosecution of this inquiry.—*Lancet*, June 15, 1889.

Leprosy as Observed in England.

In the *British Medical Journal*, June 29, 1889, Dr. Jonathan Hutchinson says that it is generally believed that the profession divides itself into two camps, one asserting contagion and the other denying it. Now the truth is probably nearly this. No one denies the possibility of contagion in what may be called the abstract or non-practical sense, while all, or very nearly all, doubt whether contagion takes any important share in the spread of the disease. A recent experiment by inoculation appears to have proved that contagion can be artificially effected, but it does not prove, and is far from making probable, that accidental contagion is common or easy. With due care in the transplantation of a bit of living tissue, no doubt lupus might be transferred from one person to another and so also cancer, but neither of these diseases is contagious in a practical sense. In neither is there any necessity for isolation of the sufferer in order to give safety to others. Those who believe in the importance of the bacillus as being perhaps the *vera causa* of leprosy are bound also to believe that the disease may be contagious. The practical question is, however, under what conditions does it become so. On this point the testimony of modern observers in leprosy districts is very nearly unanimous. Neither in Norway, in Hindustan, or the West Indian Islands, do nurses or surgeons fear to come in contact with lepers from day to day for years together. So far as contagion is concerned, hundreds of surgeons, well acquainted with the dreadful nature of the disease, daily encounter the same risks that Father Damien did. They do so, however, in the firm conviction that the risk is nothing.

The sad illness and death of the hero-priest has impressed the public with the belief that the disease is contagious, whereas it proves no such thing. The risks to which he exposed himself were far other than those of contagion—they were those of food as well. When I visited the leper establishments in Norway some years ago, I made diligent inquiry for instances of apparent contagion; I asked more especially whether strangers visiting Norway ever contracted it. Everywhere I met with an emphatic negative, but everywhere I was told of one well-known exception. This exception was a certain German officer who had come to live in Norway and had become a leper; but, added my informants, "he degraded himself and lived amongst the fishermen as they did, and he deserved to get it." The large leper establishments at Bergen and Molde were officered by healthy persons, and no one feared the disease. Recent microscopic discoveries have done something to explain the difficulty of contagion while at the same time confirming our belief in its possibility. They have shown that the microbe, which is no doubt the means of contagion, flourishes only in the true skin, and never invades the epidermis; and, further, that it is not present in the granulations of ulcerated parts. Thus it can probably be transferred only when special care is taken to secure the success of the experiment.

Our experience as to lepers in England is all in the strongest possible sense adverse to the belief in accidental contagion. We admit them into our hospitals, and observe no precautions; we allow them to mix freely with their relatives; in the case of children, to go to school; and, to give lastly the strongest possible proof, we permit leprous husbands to continue cohabitation with their unaffected wives, and no ill results ensue. I have with my present knowledge at least three married couples living under the conditions suggested, and in no instance has the wife suffered. Indeed, to sum up, there has not been in England, within my knowledge, a single instance of even suspected contagion. I have never myself seen a single patient in whom the disease had not been acquired during residence abroad.

The facts to which reference has been made being generally admitted, and once for all considered as beyond debate, the problem before us in our search for a cause becomes I think much narrowed. We feel sure that this cause is not contagion, we feel sure that there is nothing in even the slightest degree associated with poverty, dirt, or hardship, we feel sure that nothing that we know of under the name of climate has anything to do with it. What then have we left us to inquire about? Little or nothing I would submit excepting the all-important question of food. Since it can begin without inheritance, is with the utmost difficulty contagious, since it effects those who live in hot climates, just as it does those who live in cold ones, pays no respect to wealth and station, to age or sex, but of those who live in the districts and conform to the local modes of life picks out one here and another there, we are I think driven to the conclusion that it must depend upon some very special kind of poison of rare occurrence taken in connection with food. Such an hypothesis would cover all the facts, and none other would. I do not believe that it is possible to suggest any other that would not be instantly confuted by the facts. If we conceive that the bacillus is received into the body in some article of food, and add to our hypothesis that it is probably by no means commonly present, we see at once how the occasional but very rare infection of those who visit leprous districts may be brought about, and how it is that of the natives themselves only a minority suffer. We see also how it is that recoveries now and then occur in those who leave the dangerous districts, whilst they are seldom or never witnessed in those who remain.

If the hypothesis here explained be the correct one, the kind of investigation now required is evident. We know enough as to the clinical history of leprosy and as to its pathological anatomy. We accept the bacillus as, in some sense at least, its cause, and we now have to seek the spores of the bacillus in the foods employed in the districts in which it is prevalent. This will doubtless be a difficult and laborious matter, but by judicious collection of facts I do not doubt that the scope of the inquiry may be narrowed to one of much smaller compass. We have to find some kind of food which is used in all the districts in which the disease prevails, and which is either wholly or partially disused in those where it is not known. We have to ask in what directions the progress of European civilization has modified the dietetic habits of the communities.

Dr. Hutchinson then cites a case of leprosy under his care which proves first, that leprosy may be acquired without inheritance, by residence in a district where it is endemic; secondly, that it is not necessary that there should be any exposure to hardship or poor food; thirdly, and most importantly, that the leprosy process may come entirely to an end during residence in England; fourthly, as regards the food hypothesis, we have the fact that the patient had eaten fish freely in Jamaica, almost every day, and that she abstained from it in England.

Diagnosis of Disease of the Pancreas.

From careful examination of a case which was under Gerhardt's care at the Berlin Charité, van Ackeren endeavors to assign a certain diagnostic importance to the presence of undecomposed carbo-hydrates in the urine of cases suffering from disease of the pancreas. The patient was a man, 49 years of age, admitted suffering from vomiting, constipation, and emaciation. To the right of the umbilicus there was palpable a painful irregular tumor which moved to the right when the stomach was full. The emaciation progressed, although the size of the tumor scarcely increased; œdema of the legs and ultimately ascites and hydrothorax set in, and he died five months after admission. At the necropsy there was found in the pyloric region an ulcerated carcinoma with secondary growths in the retro-peritoneal glands. Two such nodes were present in the pancreas—one in the tail and a larger one in the head of the gland. Two or three weeks before death, the urine, which had hitherto been normal, increased in quantity, notwithstanding the œdema, and the specific gravity went up to 1028 and 1030. Fehling's solution showed reduction only some time after heating, while the nitrate of bismuth solution turned black after some minutes' boiling. Polarized light was rotated to the right, and the fermentation test gave a positive result. The application of other tests showed these reactions as due to the presence of maltose and a closely allied carbohydrate. Indican was present in abundance, and there was no biliary pigment. The motions, although repeatedly examined, never showed any fat, but, on the other hand, there were numerous striped muscular fibres. As these symptoms were added to those of cancer of the stomach only two or three weeks before death, they probably coincided with the occurrence of secondary growths in the pancreas. The presence of striped muscular fibres in the feces was of great importance, as they have been found in nearly all those cases, although here, as shown by the constipation which existed, they could not be looked upon as due to a rapid passage through the intestine. Both this symptom and the absence of indican from the urine have been attributed to the failure of trypsin. In a case recorded by Gerhardt, in which the enlarged head of the pancreas had led to intestinal obstruction, indican was absent, and that observer sought to invest it with some diagnostic significance; but it may be explained by albuminous matter not entering the intestine, as it has been shown that indican disappears entirely by the third day in cases of inanition. In this case it was present in abundance. With regard to the presence of fat in the feces, F. Müller has shown that when this occurs the case is always complicated by other conditions, especially jaundice. Here no biliary pigment appeared in the urine, nor was there any fat in the motions. According to von Mering, the pancreas possesses the most powerful diastatic ferment; and it is probable that it is the pancreatic secretion alone which converts the maltose, derived from the carbohydrates of the food, into grape sugar. As carbohydrates do not appear in the motions, the only symptom pointing to disturbance of this process is the excretion of sugar in the urine, and in this connection it is interesting to recall the fact, long ago observed by Frerichs, that in diabetes mellitus the pancreas is frequently found much atrophied.—*Practitioner*, June, 1889.

How Drunkards are Treated in Norway.

The London correspondent of the *American Practitioner and News* says that a well-known medical man, who has recently been in Norway, gives a glowing description of their manner of treating dipsomaniacs. An habitual drunkard in Sweden and Norway is treated as a criminal in this sense, that his inordinate love of strong drink renders him liable to imprisonment, and while in confinement it appears he is cured of his bad propensities on a plan which, though simple enough, is said to produce marvelous effects. From the day the confirmed drunkard is incarcerated, no nourishment is served to him or her but bread and wine. The bread, however, it should be said, cannot be eaten apart from the wine, but is steeped in a bowl of it and left to soak thus an hour or more before the meal is served to the delinquent. The first day the habitual toper takes his food in this shape without the slightest repugnance; the second day he finds it less agreeable to his palate, and very quickly he evinces a positive aversion to it. Generally, the doctor states, eight or ten days of this regimen is more than sufficient to make a man loathe the very sight of wine, and even refuse the prison dish set before him. This manner of curing drunken habits is said to succeed almost without exception, and men or women who have undergone the treatment not only rarely return to their evil ways, but from sheer disgust they frequently become total abstainers afterward. —*Northwestern Lancet*, July 1, 1889.

Adonis Vernalis in Heart Disease.

L. Jumon states in *La France Médicale*, March 12, 1889, that *Adonis vernalis* has been employed in Russia from time immemorial as a domestic remedy in diseases of the heart, dropsy, etc. For some years it has been frequently the object of scientific investigation. Adonidin and picro-adonidin have been isolated from it; the latter has been employed with good result in cases of mitral and aortic insufficiency. It is given in chloroform water, in doses of one-sixty-fourth of a grain daily. In Italy another species of this plant, *Adonis æstivalis*, grows. Experiments instituted with it by Marfori and Borgiotti show an important improvement of the subjective symptoms of patients: cyanosis disappeared, diuresis occurred, œdema quickly subsided, digestion improved and the appetite returned. In some cases contraction of the volume of the heart and of the liver and dilatation of the pupil were observed. The frequency of the heart beat diminished with the increase of the dimesis. Special indications for adonis are: heart affections accompanied with pronounced symptoms of blood stasis; in these cases adonis brings about both a regular rhythm and also a diuresis lasting some time. The remedy is to be preferred to digitalis in that it can be employed without interruption until complete recovery occurs—for about fifteen to twenty consecutive days, so that diuresis becomes normal. The dose is from sixty to one hundred and twenty grains in the form of an infusion.—*Deutsche Medizinal-Zeitung*, June 20, 1889.

Preparing and Mounting Sections of Brain.

The method which we have found to give the best results in preparing, staining, and mounting sections of brain and spinal cord is that of Sigismund Freund, of the General Hospital, at Vienna. We gave it in the *National Druggist* several years ago, but repeat it now in answer to a request from a correspondent. It is as follows: "The material is to be hardened first in a solution of bichromate of potash, or in Erlich's fluid (bichromate of potash, 5 parts; sulphate of copper, 1 part; distilled water, 200 parts), and afterward in alcohol. The sections are floated in distilled water, and washed thoroughly. A staining fluid is made by mixing equal parts of a 1-per-cent. solution of chloride of gold in distilled water and strong alcohol. The washed sections are put in this and allowed to remain from three to five hours. From this stain they are removed to a fixing solution consisting of caustic potash, 1 part; distilled water, 5 or 6 parts, and allowed to remain in it for two or three minutes. From this solution they are removed directly to a 10-per-cent. solution of iodide of potash, where they immediately assume a rose color, which, in the course of a few minutes, deepens into red. At this point, if the sections are from adult tissues, the preparatory stage ceases, and they may be transferred to alcohol and mounted in the usual way, but the brain and spinal cord of an embryo are far too delicate to be handled in this way, and the author treats them as follows: The preparations are brought upon a glass slide, spread by means of a camel's-hair brush, and gently dried by covering (without pressure) with a piece of filtering paper. If the sections be very thin and soft, even this must be avoided, for the fibres of the paper would leave traces on the surface of the sections, and render them unfit for the study of the nervous elements. Nothing else can be done but to apply a piece of filter paper to the edges of the stained preparation lying on the slide, and to draw off the alkaline fluid in this way. This is by far the most tedious stage of the process, yet it is always possible to avoid shrinking and to preserve the most sensitive preparations. The sections, nearly dried, are allowed to remain in water a few minutes and are then transferred to alcohol, and mounted in the usual manner in Canada balsam.—*National Druggist*, July 1, 1889.

American Academy of Medicine.

The American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M. D. All recipients of both degrees, literary and medical, are requested to forward their names, at once, to Dr. R. J. Dunglison, Secretary, 814 N. 16th street, Philadelphia, Pa.

Typhoid Bacilli in Drinking-Water.

The *Deutsche med. Wochenschrift*, July 4. 1889, states that in a certain part of a bathing village of Baden several cases of typhoid fever occurred in 1888. It was then learned that three of the persons who were taken sick in December drew their drinking-water from the same spring. In order to examine the water for bacteria, a flask holding about six fluid ounces provided with a ground-glass stopper, was rinsed out with a one per cent. solution of corrosive sublimate, and then sealed air tight with a rubber cap. The cap was removed at the spring, the water pumped for five minutes and every trace of corrosive sublimate removed from the flask and stopper. The bottle was then filled with the suspected spring-water and sealed with the stopper and rubber cap. Plate cultures made from the water showed after three days, on the average, 140,000 colonies for each cubic centimeter. A few colonies of typhoid bacilli developed on tin plates. These bacilli grew upon potatoes and showed the so-called polar granules. Hitherto typhoid bacilli in drinking-water have been certainly demonstrated only rarely.

A correspondent from Budapest writes to the *Wiener med. Presse*, August 18, 1889, that typhoid fever, which has been epidemic in different parts of the country, has broken out afresh, after a short pause, in the capital. Those regions, he says, are especially effected which are supplied with bad drinking-water, and whose newly completed streets and buildings have in them piles of filth and rubbish. One hundred and five cases of typhoid fever were brought to the notice of physicians in the first week in August.

NEWS.

—Dr. L. Brewer Hall has removed to 161 North 15th street, Philadelphia.

—Dr. Andrew Graydon has removed to 1338 Walnut street, Philadelphia.

—Dr. John B. Deaver has removed to 120 South 18th street, Philadelphia.

—Dr. W. B. Madden was killed at Johnstown, Pa., October 9. He was run over by a train while trying to cross the track.

—It is alleged that trichinæ have been discovered in hogs imported from the United States in San Louis Potosi, Mexico.

—The opening exercises of the Training School for Nurses of the Johns Hopkins Hospital, Baltimore, were held October 9, 1889.

—The remains of three more victims of the Johnstown flood were taken from Stony creek October 9. They could not be identified.

—Dr. F. L. Bowden, ex-Chairman of the Republican State Committee of Massachusetts, was stricken with paralysis at his home, in North Attleboro, on October 9.

—The President of the State Board of Health of Florida reports several cases of yellow fever at Key West. Precautions have been taken to prevent the spread of the disease.

—A Dr. Hugh M. Sutherland died from the effect of morphine poisoning at Bellevue Hospital, New York, October 10. He was but 29 years of age. His habits of dissipation, to which his suicide is chargeable, drove his wife to self-murder, her suicide occurring some time ago.

—Typhoid fever is epidemic at Aurora, W. Va., and it is said the country for miles around is infected. It is said that there is scarcely a family without one or more of its members prostrated with the disease, and in some localities there are scarcely enough well persons to nurse the sick.

—The first of the Philadelphia Polyclinic Evening Lectures, for the season of 1889 and 1890, was given October 8, 1889, by Dr. B. Alexander Randall. His subject was "The Anatomy of the Labyrinth of the Ear." The course is free to members of the profession and to medical students.

—Great excitement was caused in the beginning of October by the sending of poisoned candy to several clergymen in St.

John, N. B. The wife of one of the clergymen died after eating some of the candy, which contained strychnine. On investigation it is believed that the culprit is a man who had been in an Asylum but had been discharged as cured in May last.

—In Michigan, the reports to the State Board of Health for the week ending October 5, 1889, indicate that tonsilitis, typho-malarial fever, influenza, erysipelas, scarlet fever, puerperal fever and membranous croup had increased, and that cholera infantum, inflammation of the bowels, cerebro-spinal meningitis, inflammation of the brain and measles had decreased in area of prevalence.

—The charge of cruelty to an inmate against the Friends' Asylum, in Philadelphia, referred to in the REPORTER, October 5, have been investigated by the State Committee on Lunacy and it reports that "After taking the testimony of said complainants and of such witnesses as were on notice produced, we are unanimously of the opinion that the complaints are not well sustained, and that there has been no evidence produced which should impair the confidence of the public in this institution."

—The Bulletins heretofore issued by the Secretary of the State Board of Health of Michigan have mentioned the increase or decrease of diseases in which a difference of seven or more was shown between the percentage of reports stating the presence of the disease in the current week or month and in the preceding week or month, or in the corresponding month in previous years. Hereafter those diseases will be mentioned of which the comparison shows an increase or decrease of twenty-five per cent. from the preceding week or month, or from the normal, as the case may be.

—A preliminary injunction was granted October 8 against Dr. John L. Seitz restraining him from the practice of medicine in Harrisburg, Pa. The writ was asked for by Dr. Frost, who claimed he purchased Dr. Seitz's practice and was introduced by that gentleman among his friends as his successor. In the agreement Dr. Seitz was not to return to Harrisburg to practice his profession after he left for Columbus, Ohio. He returned, however, and resumed the practice of medicine in August. Argument will be heard October 14, when the Court will be asked to continue the preliminary injunction. Both are well-known physicians.

HUMOR.

DOCTORS WHO CAN SPEAK only one language seem to understand a great many different tongues.

HOLDING ON.—The story comes from the West of a miser who swallowed a five-dollar gold piece, but the stomach-pump could only bring up $4.50.

QUEER PROOF-CORRECTING.—Some very amusing ways of marking mistakes in a proof are used by outside proof-readers, especially clergymen. A minister, in reading a proof of his sermon, discovered a "space" that was not shoved down. The space, of course, made a black mark, and instead of making an x on the margin, which is the regulation mark, he wrote the following: "To the compositor:—☞Please remove the superfluous mark before the word Paradise in this line." Another, wishing to have a letter turned rightside up, sent these instructions to the compositor: "Please insert an e that is not reversed." Another, finding a word that he thought spelled wrong, wrote the following on the margin of the proof-sheet: "The word with the line drawn through it don't look exactly right; consult your dictionary, and oblige." This way of marking proof is not relished by compositors, and does not tend to better their religious instructions.

PATRONIZING YOUNG DOCTOR.—There is a story going about so good that it ought to be made public, and so improbable that it must be true. A very eminent London surgeon—one of the lights of the profession—the other day observed a gentleman fall in the street. He went to his aid, and found he had broken his leg. It was only a simple fracture, but the man was badly hurt. The surgeon used his umbrella as a splint, and, with his own and borrowed handkerchiefs, bandaged the limb tightly, put the patient in a cab and drove to the nearest hospital. There they were received by a young surgeon or his locum tenens. "You've bandaged this very well," said the hospital surgeon. "You flatter me," said the great surgeon. "Not at all," said the other. "I suppose you've been attending an ambulance class. They say a little learning is a dangerous thing, but the little you've learnt you've put to good account. I can't give you your umbrella now, but if you leave your address it shall be sent home." "I had best give you my card," said the eminent surgeon. And he did so.

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CLINICAL LECTURE.

ANTISEPTIC SURGERY—LUXATION OF ELBOW—DOUBLE HYDROCELE—DIABETIC GANGRENE.[1]

BY THOMAS G. MORTON, M. D.,

ONE OF THE VISITING SURGEONS.

Amputation of the Fore-Arm—First Dressing.

Gentlemen: This patient, a laborer, aged 25, was admitted on the 20th of September, sixteen days ago. His hand had been caught in some machinery and crushed. I saw the patient an hour after his admittance. He was suffering from slight shock. Upon examination the parts were found to be so hopelessly crushed that amputation was necessary. I made two flaps—an anterior and a posterior—of skin and a circular division of the muscles. The operation was conducted with strict antisepsis. A drain of cat-gut was introduced and sutures of the same material were used to close the wound. We have not dressed the arm since, now sixteen days. Formerly we were not able to do this, but were compelled to take off all dressings as a rule shortly after operations on account of suppuration. But all this has now changed because antiseptic dressings are at present always employed. By their use we secure immediate union of wounds. Since such wonderful effects have been attained by the use of antiseptics it is well occasionally to go over the subject of the modern scientific wound treatment.

A wound that heals by primary intention is one in which the edges are glued together by plastic lymph wherein healing is accomplished without suppuration. In wounds which do not so heal, we have suppuration with all its dangers, and healing is prolonged. In order to secure closing of a wound by primary intention we must prevent fermentation or decomposition. Three conditions are necessary to produce putrefaction, these are moisture, warmth and living organism. Remove either one of these three conditions, and we prevent suppuration and putrefaction. If we remove moisture there cannot be decomposition; by the removal of warmth animal substance will not putrefy; by the exclusion of living organisms (bacteria) we can also control putrefaction. We accomplish the latter by means of germicides. Although moisture and warmth are present, germs are excluded or killed, and so fermentation is avoided. We cannot get rid of moisture or warmth, but we can exclude live germs. The antiseptic *dressing* is but the conclusion of a series of manipulations upon a part before, during and after an operation, and is about valueless unless all previous details of antisepsis are properly carried out.

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[1] Delivered October 7 at the Pennsylvania Hospital.

I now show you the condition of the stump by removing the dressings. It is, as you see, perfectly well. The blood-vessels were tied with gut, the drain was also gut, both have been absorbed. Where the drain came out there is still a small unhealed spot. In using a foreign substance, as glass or rubber, for purposes of drainage it is necessary to remove the dressing early because these are foreign bodies. The gut, however, being an animal substance, is capable of absorption. All of our wound-washing is done with bichloride solutions. Unless we absolutely carry out the rules governing antisepsis we are not just to our patient. In this jar we have the mercuric solution which we allow to flow over the wound in the manner you now see. We place the protective (a piece of oiled silk treated with copal varnish and dextrin) over the wound, over this the antiseptic gauze and cotton and then apply the gauze bandage. The man may now go home.

Dislocation of Elbow.

This boy, aged 8, has just been admitted with a peculiar deformity of the elbow. He fell striking upon his palm. What is the nature of the injury? In the first place we have deformity. When we compare the two elbows we can observe this more clearly. It looks like a dislocation, but there may be a fracture, or both. There is an apparent widening of the condyles and there is an unnatural prominence posteriorly. The symptoms of fracture are pain, deformity and crepitus. I do not discover crepitation. To establish the diagnosis we take the hand of the injured side and also grasp his elbow and ascertain if the forearm is involved. Making pronation and supination we discover a normal condition of the radius. Force applied to the ulna may, in driving it against the humerus, produce splitting of the condyles. Upon examination of this case, however, I find it to be an uncomplicated dislocation of the elbow; a very unusual accident in so young a person. We give him ether, which is always a prudent measure to accurately determine the nature of such an injury. There is no dislocation more important to reduce at once than luxation at the elbow. An unreduced elbow luxation is very difficult to overcome after two or three weeks. In securing reduction hold the humerus firmly, draw the forearm backward, and, at the same time, make flexion. Probably some of you heard the ulna slip into place. We apply a bandage and direct the boy not to use his arm for a couple of weeks.

Double Hydrocele.

The case I show you now is one of hydrocele, an exceedingly common affection. When we speak of hydrocele, we usually speak of it as occurring in the male, but it may occur in analogous parts of the female. It consists of an accumulation of fluid in the tunica-vaginalis. It may be single or double. As seen in the scrotum, it appears as a tumor, pyriform in shape. The amount of fluid may vary from a few drachms to a gallon or more, the tumor reaching down to the knee.

The diagnosis of hydrocele is very simple. In the first place we make our diagnosis by means of the light transmitted through the tumor from a candle in a dark room. Having a pyriform tumor, with the history of a slight injury, and the transmission of light, we may positively conclude that a hydrocele is present. We exclude the existence of hernia by grasping the base of the tumor and asking the patient to cough, when, if no impulse is felt, hernia may be excluded.

There are several forms of treatment. The palliative consists in drawing off the fluid by means of the trochar. The patient, however, after being tapped two or three times, usually desires a radical operation. This may consist in the opening and draining of the tunica-vaginalis; or of dissecting out the sac. The old method consists of the injection of some irritating substance. Formerly surgeons used red wine, to-day we employ tincture of iodine. The trochar is entered on the anterior surface of the tumor to avoid the testicle. This sac is so very tough and thick that the trochar will not penetrate, and instead of injecting iodine, I will incise the tunica-vaginilis, remove a portion of it, insert a cat-gut drain, and expect the cavity to be obliterated by universal adhesions.

The fluid of a hydrocele is generally a clear amber color, though it may at times be white like milk, especially in old people and in encysted hydroceles connected with the testicle substance, the color is then often due to the presence of spermatozoa. We must be careful that the hydrocele is not congenital (when a direct communication with the peritoneal cavity is often present); for, if so, the injecting fluid, should it gain access to that cavity, would produce peritonitis. Infantile hydrocele will often get well without interference.

I have now exposed the testicle, and you see that it is perfectly free from disease. We have a sac here which will hold four or five ounces. I trim out a portion of the tunica-vaginalis, and inserting a cat-gut drain, close the wound about it with three or four gut sutures. On the opposite side you notice that the tunic is unsually thick. I will remove a portion of it, and carry a similar drain well up in contact with the testicle.

Diabetic Gangrene.

This patient presents an unusual form of disease. It is a case of gangrene in a diabetic. Gangrene may arise from many causes, but there are probably none more interesting than that exemplified by this case. In diabetics, a very trivial injury, even so simple an operation as the cutting of a corn, is liable to produce this form of gangrene.

This patient a colored man, by occupation a caterer, aged 50, was admitted on the 24th of August with his present trouble. He is passing a large amount of a very pale urine with a high specific gravity, answering to the various tests for sugar. The gangrene now involves the third toe of the right foot, the second toe having been removed some time since for the same trouble. A very interesting paper was read by Dr. Hunt, a year ago, before one of our medical associations, in which he very thoroughly reviews this subject. In it he draws the distinction between diabetic and senile gangrene; to which latter as you know people of advanced years are very liable. It occurs in the extremities, is due to vascular changes, and presents a clear cut line of demarcation between diseased and healthy tissue, which line, Dr. Hunt says, is never present in the diabetic variety. As a rule cases of diabetic gangrene had better be left alone, for operation is often followed by fatal results. However, when the mass is putrified, and consequently very offensive, we may be obliged to operate. This is our object in the present case. With the knife and curette I remove all of the diseased tissues as you see. We will now insert a cat-gut drain and a few gut sutures, and then dress the wound with iodoform, and dressings saturated in the mercuric solution.

CHRONIC OVARITIS.—ANTEFLEXION WITH INSANITY.[1]

BY E. E. MONTGOMERY, M. D.,

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL.

Chronic Ovaritis.

A young woman, aged 19 years, some months ago had one ovary removed in this institution. At that time the removal of the other was advised, but the operator yielded to the urgent request of the patient that it should be preserved. She is now brought before you for the purpose of thorough examination, as she complains of severe and continuous pain on the opposite side.

As the patient complains of severe pain as soon as the region of the ovary is touched, and her abdominal muscles become so rigid that it is difficult or almost impossible to outline the ovary, I propose to place her under the influence of an anæsthetic. For such examinations, the bromide of ethyl is an excellent agent, as it acts quickly, and the patient rapidly recovers from its effects, with less frequent nausea and vomiting than with the more usual anæsthetics. The patient, however, declines to take an anæsthetic, and we will make no effort at further examination to-day; for the pain upon manipulation is so great that we are unable to determine the size of the remaining organ. (Patient removed.)

This patient is a prostitute, and I would not do an operation unless I felt assured that the pathological conditions were such as to account for the unpleasant symptoms from which she claims to suffer; for women of this class often desire the operation from improper motives. It should be remembered, however, that when the removal of the appendages upon one side is indicated as a sequel of gonorrhœa, experience has demonstrated that the remaining tube and ovary are likely soon to become the seat of disease, producing just as severe suffering as before and necessitating a second operation. In these cases the disease, more than likely, exists in the apparently healthy tube in a latent state, and the removal of the other gives it an opportunity for expression.

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[1] Delivered at the Philadelphia Hospital.

While the removal of the ovaries should be looked upon as a *dernier ressort*, it is time lost to temporize when the presence of pus and extensive inflammatory products can be demonstrated, and much suffering can be avoided by a timely operation. Pain in the region of the ovary, without demonstrable pathological alterations, should not be considered an indication for operation until all other means of treatment have been exhausted. A practical question to be considered is the circumstances of the patient. If she is poor and dependent upon her own exertions for her support, it is self-evident that we should not resort to the same plan of treatment as in a woman who is able to give her whole time to the care of her health. In such a case the operation, its results, and other methods of relief should be laid before the patient, giving her a chance to choose for herself what she will have done.

Anteflexion with Insanity.

The next patient I show you is a woman, aged 29 years. The family history is bad. The father died of phthisis and the mother suffered from asthma; she had five brothers and sisters who died early and a sister still living suffers with frequent convulsions. This patient began to menstruate at thirteen, at seventeen she was married, and eight and a half years ago she was in an insane asylum. She suffered from attacks of severe menorrhagia and at the same time bled profusely from the stomach and nose; pain in the head was intense, and she had dragging pain in the abdomen. She was subject to severe epileptiform attacks, in which tonic and clonic convulsions occurred without the tongue's being bitten. Previous to, and during menstruation, pain was augmented.

On examination now, I find the uterus anteflexed. In examining a patient I advise that the rectal touch should be practiced as a part of the routine, not only when the uterus, but also when the ovaries are suspected to be the seat of the disease. Such an examination, taken together with the history previously obtained, will enable us in the majority of cases to arrive at a correct diagnosis of the condition. In cases of doubt, however, it is not wise to prematurely commit one's self. In some conditions, indeed, it may be necessary to arrive at a diagnosis, or at least confirm it, through treatment.

While upon the subject of examination, I cannot do better than to indicate a line of procedure. First, secure the family and personal history. This of itself will often reveal the probable condition. At the same time the close observer has noticed the indices of disease as written upon the face and form. As a second step, inspect the external genitalia. This should be the rule in every first examination. It is indicated from grounds of personal safety, as the patient may be infested with pubic pediculi or infected with some venereal disorder; it is indicated as affording valuable information as to the character and amount of discharge; the seat of bleeding—from granular vagina or vulva; the presence of caruncle or vascular urethra, hypertrophy of labia, lacerations or fissures of the vulvar orifice, and relaxed or prolapsed vagina.

By the touch we discover thickening, contraction and relaxation of the walls of the vagina; granular condition of its mucous membrane; absence of its rugæ; the presence or absence of its discharge, and prolapsus of the uterus or vaginal surfaces.

We should carefully observe the shape, size, lacerations and fissures of the os; the presence of granulations, erosions, abrasions, or cystic degeneration of its mucous membrane; the fixation or mobility of the uterus, and the presence of fecal accumulation in the rectum. With two fingers in the vagina, and the hand over the abdomen, the bimanual touch affords additional facility in investigating the condition of the pelvic organs, the shape, outline and position of the uterus and its appendages; its relations to surrounding organs or abnormal growths. The retro-uterine structures, the ovaries and tubes are more effectually examined by the recto-abdominal touch. The character and seat of pain experienced should be noted.

The symptoms in the case before us present evidence of disease of the pelvic viscera. There is hyperemia in which menstruation is frequent, and in which there is much pain in the intervals and particularly just before the advent of the menstrual flow. We find here, as in all such cases, a strong tendency to anemia. It is a well-observed fact that the hyperemia of the uterus and the general anemia act and react upon each other. Sterility is another frequent symptom, although it may also result from disease of the appendages as well—a condition which our examination has disclosed here exists.

The dysmenorrhœa, however, should be considered as due to the uterine rather than the ovarian disease. In the latter form the severe pain is felt for a week or ten days before the flow, while the menstrual flow gives relief. Here the pain is felt just before and during menstruation, while the function is followed by the epileptiform attacks which will further break down her health.

The treatment is constitutional and local. The former consists in the adoption of such measures and the administration of such remedies as will best promote the general nutrition. To best accomplish this it is necessary to study the patient's history. We find her holding an inheritance of insanity and consumption. Her nervous system and general hygiene are first to be considered. The mental development of a person with neurasthenic tendencies should not be forced, especially during that period in which the sexual apparatus is making its most rapid development. Childhood should be prolonged, education and accomplishments deferred. Ample rest should be secured and during the menstrual periods, for the first year, it would be well to confine the patient to bed. The imagination should be restrained rather than cultivated. All reading that appeals strongly to the emotions should be avoided.

Although too late to correct the errors of developmental changes, much may be done by securing proper rest, sound sleep and suitable diversion to ameliorate the unpleasant symptoms. In this patient we have an additional trouble in that there is an hereditary predisposition to phthisis. What has been said of the reconstructive power of mental rest and recreation is no less applicable to the physical treatment of phthisis. Judicious exercise, pleasant and healthful surroundings and rest are the three great hygienic requirements for the prevention or the cure of this disease, and the stronger the predisposition, the more firmly their observance should be demanded.

The remedies that will be found most valuable are cod liver oil, iron, arsenic, phosphorus and strychnine.

The local treatment will consist in replacing and overcoming the anteflexion. You will find many methods of procedure suggested. Thus, dilatation of the cervix is said to straighten the canal, and the laceration of some of its fibres to cause an exudation of plastic lymph into the walls, which serves as a splint to keep the organ straight. This, however, is not always true. Relief not only does not always follow, but when it does, it is usually only temporary.

Lateral dilatation is most frequently done, although it is questionable whether the antero-posterior dilatation of Schultze is not preferable. Molesworth's circular dilatation, followed by the use of bougies, is, in my opinion, the choice procedure; but it is necessary the latter should be frequently repeated to prevent contraction. Many cases will be greatly improved by a stem pessary, of either glass or vulcanite. This instrument straightens the canal, keeps the inflamed surfaces separated, and promotes the uterine circulation.

The use of a Faradic current, through a bipolar electrode, is frequently of great benefit, promoting the nutrition of the muscular walls and increasing the tonicity of the blood-vessels. Where all the methods above suggested have failed, where the recurring menstrual distress is sufficient to induce severe mental disturbance I have no hesitancy in recommending the sacrifice of the appendages.

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—HANDLING THIN ANIMAL SECTIONS.—Those who are accustomed to handling vegetable sections must remember when they come to work with animal specimens that the latter are much more liable to break or tear than vegetable sections. If this is not borne in mind valuable specimens will be ruined while handling them.

—It is stated that the kangaroo is in danger of being extinguished. Its skin is so valuable, says *Nature*, that large numbers of young kangaroos are killed; and authorities are of opinion, that, unless the process is stopped, Australians will soon have seen the last specimen of this interesting animal.

COMMUNICATIONS.

HEMATOMETRA.[1]

BY FERDINAND H. GROSS, M. D.,
PHILADELPHIA.

In the experience of most of us, hematometra is of infrequent occurrence. This rareness, and not that I have anything new to say on the subject, is my chief inducement for reporting to the Society with some detail, two cases of this hematic tumor, which came under my observation in the early months of the current year; indeed, the case to be presently mentioned, afforded me the first opportunity in a good many years of experience as a practitioner, of estimating clearly the importance of the condition. But in the lapse of only a few weeks, a second case presented itself for my treatment. Atresia of the vagina I had repeatedly observed, but never its contingent, hematometra. In the cases to which allusion has just been made, the atresia existed, in one at the lower end of the vaginal tube, while in the other it consisted in an obliteration of the cervical canal of the uterus; and thus were exemplified two interesting varieties of the occlusion.

A young girl who had been under the care of different physicians, without the source of her troubles being fully recognized, was referred to me by a medical friend for treatment, with the information that a tumor occupied the vagina and filled up the lower pelvis.

The patient was in her fourteenth year, and therefore at the age of puberty; but she had never menstruated—that is to say, no visible signs of the catamenial flow had been noticed. The first disturbances of her health had occurred about six months before, and although she never felt quite well afterward, her indisposition for a time caused no apprehension. But a number of subsequent paroxysms of augmented severity attracted anxious attention. In short, the alarming character of the exacerbations led to a physician being consulted.

When later on, in an advanced stage, the case was referred to me, a digital examination of the vulva revealed protruding therefrom a smooth and very tense swelling, in which the experienced touch could readily detect fluctuation, a feature of the mass very clearly evinced by the rectal exploration. Neither the examining finger nor the probe could find anywhere between this protrusion and the labia an entrance to the vagina. The hypogastrium had become prominent from a tumefaction which arose from the pelvis. This enlargement in the course of its development had been noticed to be most sensitive during the paroxysmal attacks, which were doubtless the regular menstrual molimina. The continuous abnormal pressure upon the pelvic organs was the occasion of vesical and rectal tenesmus as well as obstipation; and restless nights were the inseparable accompaniments of such torments. But aside from these there were symptoms of a subjective character, such as headache, giddiness, nausea, and other gastric distress, a feeling of painful fulness in the abdomen, palpitation, and disturbed vision which the prescribed glasses of the oculist had failed to relieve. This complex of distressing and long-enduring symptoms was sufficiently pointing to lead to the diagnosis of hematometra as a contingent upon atresia hymenalis.

It is not my purpose here to recount with exhaustive minuteness the various results of hematometra, if relief be not given in good time by what is usually a simple surgical expedient. Nor would the time allotted permit me to speak of the lesion as it occurs in double vagina, in duplex uterus, and in other malformations of the female generative organs. Greulich relates in concise form, but with sufficient clearness, the different issues of this condition, and cites an array of authors who appear in the literature of the subject. But some of the results of this blood-tumor should not remain unnoticed in this place. Much may depend upon the period of life at which the artesia has been acquired. For example, in the climateric age the hematometra may eventually be tolerated,[1] or at least borne with less suffering or discomfort, since at this period of change the tumor may cease to enlarge because of the discontinuance of the menstrual secretion. But also at periods prior to the menopause, the rapidity or slowness with which the uterine accumulation takes place, and consequently the degree of its evil effects upon the general organism, may depend upon the character of the patient's constitution, whether this be plethoric and robust, or weakly and anemic. If the latter be the case, the increase of the pent-up menses may be very meagre or even nil; and again, if vicarious menstruation be established, the addition in utero would naturally be avoided, affording a degree of local relief, or at least checking for a time the progress of serious symptoms, provided the locality of the vicarious function be a safe one.

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[1] Read at the Philadelphia County Medical Society, September 11, 1889.

[1] Real Encyclopædie der gesammten Heilkunde, vol. vi, page 180.

Among other possible results of this bloody accumulation are enumerated hematosalpinx, intraperitoneal hematocele, and hematoma of the ovarium, each with its serious consequences. But hematoma of the ovarium as well as effusion into the tube may occur by direct extravasation from congested vessels and yet hematometra be responsible for either occurrence, since hyperemia of the uterine appendages is one of the accompaniments or conditions of the hematic tumor we are considering. If, therefore, the already engorged plexuses or network of vessels of the environment be periodically subjected to additional blood-pressure, the bleeding that follows the bursting of a Graaffian follicle under normal circumstances may now become sufficiently copious to produce results of a pathological character.

Without stopping to speak of a possible rupture which would allow the secretions to flow off in a natural or harmless direction, adhesions may form with the neighboring hollow organs and perforation take place into bladder or rectum. Septicemia from decomposition within the womb is here the greatest danger. The entrance of urine on the one hand, or of fecal matter or intestinal gases on the other, would be favored by the womb's enfeebled contractile power, as that organ could not empty itself with promptness nor with that degree of force of which it is possessed when developed for a physiological purpose. The pressure of tumors is recognized as a cause of uterine atrophy and we can readily conceive in hematometra the attenuated condition of the muscular coat. Another danger of infection might be a vaginal cul-de-sac below the point of perforation into either of the hollow viscera mentioned, which would serve as a reservoir for decomposed matter.

Considering the possible results of this condition, no time was lost in providing for the escape of the accumulated secretions. Hymen imperforatum in a large majority of the cases is not discovered before the age of puberty, and the one referred to was doubtless of the congenital variety. The operation can hardly be called a painful one, but the girl had become so irritable and sensitive from long suffering and repeated examinations, that the puncture by trochar was made under ether narcosis. Thirty-two ounces of reddish-brown, chocolate-colored fluid was drawn off without interruption of flow. The canula being removed, a crucial incision with a probe-pointed bistoury enlarged the opening, whence a little fluid continued to ooze. Ergot was administered, but only gentle pressure was applied externally by an abdominal binder. The vagina was gently washed out with a weak solution of the bichloride. The uterus remained too high to be reached by the finger, and an examination per force was uncalled for. The vaginal surface was smooth and devoid of its rugæ. As an additional precaution, the pudendum was covered with compresses of antiseptic gauze.

It is to be remembered that the imperforate hymen is not a normal but a patho-anatomical structure. On the inner side its mucosa is continuous in cul-de-sac form with that of the vagina, and externally the mucous membrane is continuous with that of the vulva, while between these layers lies a fold of connective tissue. The membranous barrier in this case was found thick and tough beyond expectation, imparting the feel of soaked leather. The relief was prompt and decided; on the second day there was some pain in the hypogastrium, but no significant rise in the patient's temperature. In four weeks the menses were discharged in a normal manner, and this has recurred at regular intervals ever since.

In the second case alluded to, the woman is close upon forty years of age, and has lived in the marriage relation for half that period, but remains childless. The evidence she relates as pointing to a miscarriage in the third year of her married life, is not conclusive. After that time she enjoyed good health until thirteen years ago, when she "had a severe fall backward," after which she endured so much pain in trying to void her urine, that she fainted. Her physician said she had "dislocated her womb," and used instruments to replace it. She was confined to bed for three weeks and then treated in a hospital in this city; whence she returned home, still in a feeble condition, and remained in poor health for several years. These early troubles are briefly mentioned since they concerned the genito-urinary organs, but I will not tax your patience with a history of subsequent maladies which had but doubtful or no connection with the patient's later complaint. Suffice it to say, that after an attack of typhoid fever as far back as 1883, she regained her former good health, and in all the years that followed until the month of May, 1888, the menstrual functions was regularly performed. It was then, however, that the lesion which concerns us here appears to have had its beginning. The monthly discharge of blood became scanty, and to the patient it appeared as though "a stringy leucorrhœal discharge had replaced the regular flow." Nor was she as free from pain as she had formerly been during her regular turns. In the following August her menses failed to appear, and the amenorrhœa continued for eight months; that is to say, until she was relieved by the operation to be mentioned further on. As regular as had been her monthly turns, just so regular were during those eight months the attacks of lumbar pains and uterine cramps, the severity of which increased with each returning molimen. In vain she now applied for relief both to regular and irregular practitioners. The latter advised her to enter their hospital and submit to a laparotomy for the removal of what they pronounced to be a "fibroid tumor attached to the uterus and left ovary." This advice was not followed, and it need hardly be said in this presence that the diagnosis was as incorrect as the laparotomy would have been unwarranted. The condition grew from bad to worse. From dire necessity the woman had learned to catheterize herself and was enabled by that means to get frequent relief from one of her greatest torments.

On the 30th of last March she entered the German Hospital, where she became my patient. On examination the next day, I found a large, smooth, very hard and firm tumefaction pressing low in the pelvis. The os could not be found and there was no discernible discharge from the vagina. Fluctuation was not at all perceptible, either by the vaginal or rectal examination. The mass had repeatedly been held by others to be a fibroid; but on hearing the patient's own account of the case, from which the above is a condensed statement, I declared it to be a hematometra, at once verified the diagnosis with an aspirator-needle, and on April 2 introduced an ordinary sized trochar to draw off the long pent-up secretions. In penetrating at the indistinct but supposed point of the former os, the instrument imparted the sensation of passing through a wall of considerable thickness before reaching the cavity, showing the obstruction to be something more than membranous. It was probably brought about by a stenosis of the inner os, combined with an endo-cevicitis and adhesions of the entire cervical canal.

The mahogany-colored, jelly-like fluid, or semi-fluid, could not flow freely through the canula of the trochar, but came only drop by drop. The cervix dilator therefore replaced the canula, and being used as a director for making a shallow crucial incision, a quart of the tarry substance was drawn off. The cavity of the womb was freely washed out with a continuous stream of the mercuric solution. Ether was not administered. The after-treatment was in the main similar to that instituted in the other case. Recovery was complete, and the patient has several times since the operation menstruated at regular periods.

SOME TENDENCIES OF MODERN MEDICATION.

BY JOSHUA W. READ, M. D.,
NEWARK, N, J.

A marked tendency of recent medication is in the direction of a continuous and limited administration of drugs. This has grown out of the now generally accepted idea, that the patient is the proper subject of treatment, rather than the disease with which he may be afflicted.

The notion that the doctor is simply a prescriber of medicines, and that his function wholly or in chief part ceases there, if it ever had a substantial basis either in theory or in practice, is rapidly disappearing before the advancing light of a more intelligent and successful conception of the practitioner's function. The disease as modified by constitutional diathesis, idiosyncrasies, sanitary surroundings, inherited conditions, and by many other influences which refuse to be classified, becomes a secondary consideration. Indeed, so clear are the indications, and for the most part so uniform the respective lines of medicinal treatment of the more important diseases, that it should become a mere routine matter simple and relatively easy of execution, to prescribe the standard medicines for a simple unmodified case. But not so with the larger and broader function of treating the patient. As a practical matter, the doctor may often exercise his highest and best skill and accomplish the greatest possible good for his patient by advising the entire suspension of medication, as such. The day has already arrived when the intelligent physician is very wary about ascribing the recovery of his patient to the medicines employed. Thus far has skepticism in regard to the specific power of medicine over disease extended; and hence the tendency of to-day toward a limited and continuous medication.

Another manifest tendency of comparatively recent appearance, but which promises rapid development, is toward the exhibition of relatively small doses, frequently repeated. That an effect can be produced by this method of administration, not only different in character, but preferable in results, seems from our *present* standpoint, to say the least, highly probable.

It occurred to the writer to recently observe the most gratifying results from one-tenth grain doses of calomel repeated hourly until the desired effect was produced, in a case of obstinate constipation and general glandular inactivity, associated with the digestive disturbances of advanced Bright's disease. This peculiar pacific action of the remedy was realized much more promptly and satisfactorily, and with far less constitutional disturbance than would have been the case had the old-time single dose of ten grains been exhibited. The sentiment of the profession in favor of this method of medication seems to be rapidly gaining ground, as evidenced by the demand upon our manufacturing chemists for *granules*, *tablets*, *etc.*, containing minute doses. As an illustration we may mention what is well known to all, that tablets containing $\frac{1}{200}$ of a grain of corrosive sublimate are now kept in our leading pharmacies. Manifestly the tendency of the times is toward minutely divided doses; but, be it understood, this statement is not designed to convey the idea of infinitesimal dosage according to the homœopathic plan. Minute dosage is one thing and no dosage quite another.

The tendency of modern medication toward the employment of medicines easy and pleasant of administration has became so manifest and general in its application as to need but a bare allusion. Indeed, this tendency seems to have about reached the ultimate stage of realization!

This becomes apparent when we consider the all but universal employment of active principle, alkaloids, and concentrated medicines in general. It is hardly claimed that the therapeutical effects of remedies as a whole are improved by the use of their active principles. Indeed, I think there is ground for the fear that in some instances the active principle does not represent all that is valuable and desirable in the theuapeutical effect of the drug. However the tendency to a pleasant medication has become so imperative in its demands as to overcome some possible disadvantages, for it is a well-established therapeutical principle that all things else being equal the pleasant dose is much more likely to accomplish the desired result than the nauseous one, and *just here* we find the explanation for the comparatively recent establishment of so many houses all over the land engaged in the preparation of medicines in palatable forms.

Another possible tendency of recent origin is seen in the employment of triturates. By the minute subdivision and separation of the particles of a medicinal substance, through the agency of an admixture, it is claimed—and perhaps on a rational basis—that the power and effect of the agent are thereby not only increased but a new action is developed. The time-honored "Dovers powder" is a good example of a triturate. That the trituration gives the combination additional therapeutic effect over the different elements of the mixture is beyond doubt.

The superior action of this form of medication is supposed to be due to the more prompt and thorough subjection of the remedy to the action of the digestive juices.

It is with misgiving that I record in this connection another tendency of the times in regard to medication. I refer to the disposition to be satisfied with impure and otherwise inferior drugs. The extreme desirability of absolutely pure medicine up to the pharmaceutical requirements in potency as well as purity, to him who proposes to cure disease by their use, goes without the saying. It is, however, a palpable fact that physicians as a whole are very mild in their suggestions for a purer and more reliable pharmacy. If they were as decided and emphatic in their demands as the importance of the matter requires, the evil of inferior medicines would rapidly disappear. A craze on pure drugs would be salutary in its results, both in relation to the sick and to the character and efficiency of the profession.

Clearly purity and potency of medicines should be unhappily what it is not, and the doctors are the fault of it, a marked and decided tendency of modern medication.

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MEMORANDA FOR READY REFERENCE.

BY ENOS T. BLACKWELL, M. D.,
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The beginning of the healing art must have been from the nature of things experimental and empirical. Certain results following the ingestion of certain substances doubtless suggested their use as remedial means. The observations of medical men for many centuries have been devoted to increasing the sum of medical knowledge, and enlarging the list of available remedies.

In these latter days physiology has become a valuable aid in the indication of nature's processes, and the way in which they are affected by various drugs with reference to their therapeutic effects. However the knowledge may be obtained by the original investigator, it can only be available to the practitioner as he may be able to retain the facts in his memory, or to reproduce them by some method of refreshing this faculty. It must be painfully impressed upon every well-read person that the varied facts brought before his mental vision are many of them lost from the imperfection and limitation of this important function. Upon the remembrance of the busy man, who snatches a moment occasionally to learn the recorded thoughts of writers, the impression is often extremely transient; and if he afterward faintly recalls something in reference to it, the place where he read it cannot be recollected, and he fails to retrace the thought of the author, and his observation is to him fruitless. This is true, perhaps, of all persons whose lives are crowded with a multitude of duties of divers kinds; it is especially so to the physician, who, returning to his home at the close of a hard day's service, wishes to acquaint himself with what is going on in his profession elsewhere. The drowsiness incident to passive exercise in the open air renders his mind little alert; and unaided by some record, his reading is mostly without lasting profit. It may be that a case presents itself to him, in which, from the obscurity of the diagnosis or from the rebellious nature of the disease, resort must be had to various remedies in succession before a cure can be effected. The urgency of some patients is such as to oblige the physician to administer in quick succession every remedial measure which his fellow-practitioners have recorded for his benefit. He may be unacquainted with the way in which the drugs affect the morbid condition, and must be content to rest on the authority of the reporter. Since then we must often prescribe empirically, we shall have a much greater supply of material to guide us, if we have been careful to collect for future use everything available encountered in our researches.

If the physican is a writer, as every observing one should be, he finds the record of the opinions and observations of other writers necessary that he may press them to account, either as supplementing his own views, or, for marshalling in array for their demolition.

As a convenient and satisfactory means of recording what he learns by reading or otherwise, the present writer has used for some years the INDEX RERUM of DR. JOHN TODD. The mass of material already secured has been of incalculable benefit to him in some persistent illnesses in which the old-time remedies were ineffectual, and for which no recent book furnished a substitute. In preparing articles for the press, he is enabled, by its use, to quote without loss of time from authors who have stated their views in transient publications. By this means he made available, in a case of Pott's fracture of the leg, the very efficient apparatus of Dr. Packard, of Philadelphia, by which extension and counterextension of the leg is secured through adhesive plasters applied to the upper extremity of the leg and to the foot, and made to draw in opposite directions by passing the tails over a side-splint, and fastening the opposing ends together. This method was obtained from the MEDICAL AND SURGICAL REPORTER, vol. liv, page 387. It is detailed at length in the author's paper on Fractures in *The International Cyclopædia of Surgery*, vol. iv, page 242. Under the same head, "Fa," I have some other valuable memoranda:—Plaster bandage, method of preparing and applying, (Dr. B. Lee), vol. ix, p. 27, *Phil. Med. Times*, Fracture of Patella, cure by adhesive straps united by buckle and tongue (Blackwell), *ib.*, xii, 869. Fractures, fixed dressing for, (Levis's solution—Zinci oxid, 8 oz., glue 4 oz., water Oij. MEDICAL AND SURGICAL REPORTER liii, 655. Fractures, intracapsular, diagnosis and treatment (Levis), *ib.*, liii, 720; Fracture of the Clavicle, Agnew's method with adhesive plaster, *ib.*, lx, 393.

These are a few of many cases I might cite, illustrating the advantage of this plan. I have given in some instances the authority for the statements recorded; and sometimes the very words in which the recommendation is couched. The reader will at once recognize the value of this addition, although it was an afterthought with me. Sometimes I record a prescription, when it is short. This avoids the necessity for looking up the original. A duplication of a fact under different heads is useful—the name of the disease under one, the name of the remedy under another. A reference to lumbago may also be indexed under rheumatism; and ptyalism in one place may be salivation in another, etc.

Whoever adopts and uses the Index, in the way indicated, will accumulate a treasury of valuable information ready to be used on a moment's notice. He will be able to summon to his aid the collective wisdom of many teachers, whose opportunities for observing the effects of remedies have been unrivalled. He will have the satisfaction of knowing that he has availed himself of every hint for the treatment of any difficult case, and need not fear criticism, either scientific or only captious, and will be in condition to pronounce sentence in doubtful cases without danger of successful contradiction. Incidentally, his memoranda will show the relative value of various journals consulted, as to their richness and variety of contents.

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—COLD WEATHER.—Do not permit microscopical mounts to be reduced to the freezing temperature. Even those preparations in liquids that do not congeal at 32° F. will be injured by sudden or great changes in temperature.

—BENZOL IS NOT BENZIN, and microscopists should remember it, even if some wholesale druggists do endeavor to sell benzin for benzol. I have seen work spoiled and time and patience lost by those who tried to use benzin for benzol.

CHRONIC CATARRHAL RHINITIS.

BY T. W. CORWIN, M. D.,
NEWARK, N. J.

The term "catarrh" or "catarrhal rhinitis" has been applied to so many conditions of this membrane that it has come to be quite indefinite. Prof. Bosworth has been quoted as saying that there is no such disease. He states that the best definition of the term "nasal catarrh" which he could offer was "something the matter with the nose." The term is however correct enough so far as it goes, and it is simply because the inflammatory lesion is so very frequently *secondary* to the efficient cause that this designation has been criticised.

As a clear notion of the anatomy and physiology of the nose is essential to an appreciation of its pathology, I may be pardoned for mentioning a few details which have attained to especial prominence in this department, and which are not dwelt upon in general treatises. The nasal cavities are limited by rigid bony walls which lie closely approximated. As these walls are further covered with a thick mucous coat, the cavities of the nose are practically only extended chinks, and any considerable enlargements or displacements of one wall, cause it to encroach upon its neighbor. The mucous coat varies somewhat in different parts. In the apical portion of the cavities above the middle turbinated bone, it is comparatively thin. In the lower and middle meatuses it is thick and luxuriant, and toward the naso-pharynx is so abundant as to be disposed in folds. These meatuses correspond to the respiratory region of the organ, which is traversed by nearly the whole of the respiratory current. The membrane attains its greatest development upon the inferior turbinated body. Section of this body shows that its bony constituent contributes but 1–20 of the whole mass. The richness of the membrane in the respiratory tract depends chiefly upon the notable abundance of its blood-vessels. These constitute it an erectile tissue. This tissue has been demonstrated by Dr. Bigelow of Boston prominently, and by Continental observers. It is an abundant cavernous structure, susceptible of inflation. Its greatest development is seen at the posterior extremity of the lowest turbinate.

The olfactory nerves are supplied to the membrane of the superior meatus, and do not reach below. The further nerve supply is obtained from the fifth nerve and from the Vidian branch of the sympathetic, through Meckel's ganglion. Behind the nose is the naso-pharynx which is practically a part of the nose. I will call your attention to the notable *glandular* development of the mucous membrane of this part. So marked is it, that the aggregation of mucous follicles often forms a prominent object upon the posterior pharyngeal wall near its summit. As this structure is identical with that of the tonsils, it is called the pharyngeal tonsil, or "Luschka's tonsil," after its discoverer.

Physiology of the Nose.—Three prominent functions are served by this organ, namely: Olfaction, Phonation and Respiration.

Olfaction.—The sense of smell, so long considered as the chief occasion for having a nose, is found to be of but secondary importance. Indeed its special nerves occupy only the upper and much narrower part of the organ.

Phonation.—The part taken by the nose in modifying the tones of the voice, while important, will now receive reference merely.

Respiration.—The nose is chiefly useful in connection with the function of respiration. In other words, the nose is an important part of the respiratory apparatus. The largest and roomiest two of its passages, the inferior and the middle ones, afford a channel for the breath. As the air enters the body through the nose, it becomes modified by it in three important respects.

I. As to Temperature.—In the first place, it is raised in temperature. Air which has simply passed through the nose to the nasal pharynx in the ordinary course of inspiration, attains to nearly the temperature of the *expired* air. In other words, almost all of the heat which the air acquires in respiration, is gained in the nose! A remarkable fact! These data have been obtained through the experiments of Aschenbach and of Kayser. These observers aspirated air from different parts of the respiratory passages and carefully noted its modification. When the inspired air was cold, as from 24° to 32° F. the expired air was 81.5° F. When that inspired was from 66° to 69° F. that of expiration was from 90° to 92° F. Yet air which had passed through the nose simply without traversing the passages below, was found to be but 9° to 10° F. less warm! We see therefore that the nose supplies heat to the air—also that this supply is regulated according to the necessity for it. For the figures show that much more heat was supplied when the outside air was cold, than when heated, and that at the back of the organ it was nearly uniform, in spite of the variations outside. The source of this heat is undoubtedly the blood current, since there is no other adequate supply. We also find the blood-vessels distributed in a manner calculated to enable them to serve such an office. Further, Kayser has noticed that when the atmosphere is cold, the blood supply of the turbinated bodies is greater. This brings before us another feature of the blood sinuses—viz.: that they vary as to their fulnesses—that therefore the tissues lining the respiratory tract of the nose are a form of *erectile* tissue, and that their distension and consequently their size, varies with the changing condition of the atmosphere. This control is presumably exercised through the Vidian branch of the sympathetic, the great vaso-motor system of the body. In support of this view, the chief distribution of this nerve is found upon the area occupied by the erectile tissues.

II. As to Moisture.—We find that the air is modified by the nose in another important respect—namely, in that it acquires moisture—in that it acquires a *great deal* of moisture. The same observers, Aschenbach and Kayser, determined the changes of the air with regard to its humidity by methods similar to those used in determining temperatures. They found that whatever its condition as to moisture might be before entering the nose, it always became *saturated* with the vapor of water while traversing it. As it is incapable of absorbing a further quantity, it follows that the whole supply of water, which the air derives from the respiratory tract, is obtained in the nose. This amounts on the average to 5,000 grains daily—nearly a pint! As to the exact manner in which so great a quantity of fluid is furnished we are not altogether assured. The mucous membrane of the nasal fossæ is not very notably rich in gland supply, and such as it has, are similar to those which simply supply elsewhere a coating or mucous for lubrication and protection. However, a French anatomist, Chattelier, has describ numerous fine canals running from the lymphatic interspaces of the membrane directly to its free surface, and these are believed to furnish the serous fluid which moistens the breath. When this phenomenon is further considered, it is seen that in the vaporization of so much water much heat must of necessity be rendered latent. It is therefore obvious that the nasal passages are required to supply *this* heat in *addition* to that referred to.

III. As to Filtration.—Further, it has been noted by the same observers previously cited, that the atmosphere is almost entirely freed from suspended materials, as dust, etc., by the nose. Experiments upon animals whose nasal respiratory passages are of considerable length, show that the air is *entirely* freed from dust.

We find then that the great function of the nose is to prepare the air for the lower passages.

Pathological Anatomy. — This can be readily determined during life. In acute catarrh we note simply the changes incident to inflammation of any mucous membrane, with, however, a predominence of swelling. The swelling is due principally to distension of the vascular sinuses. This condition appears to be associated with vaso-motor paresis. In addition, there usually are present the changes incident to chronic catarrh, for the acute affection is so frequently an exacerbation of the chronic disorder, as to be fairly symtomatic of it.

In chronic catarrh, inspection anteriorly shows usually a deep red, spongy, thick and boggy hypertrophical condition of the membrane over the turbinated bones and the septum. This is apt to be irregularly developed so that sometimes polypoid masses are seen. The surface presents accumulation of inspissated mucus, often firmly attached.

In advanced cases on the other hand, an atrophic condition presents—owing to contraction of the over-grown connective tissue. Atrophy also occurs primarily in some cases where the interstitial exudation chokes off from the membrane its nutritive supplies. The mucous crusts are seen again, but are apt to be more dry and thin and firmly attached.

Inspection posteriorly shows the same conditions except that the color of the membrane is usually pale. The hypertrophy is often found greatest in the spongy tissues at the posterior end of the inferior turbinated bone. Here a globular tumor is often seen which may project into the upper pharynx. The glands of the upper pharynx are frequently hypertrophied so as to form small or large masses of adenoid growth of various forms which may block up this compartment very seriously. There are further found the various other lesions to which the catarrh is secondary, as, quite prominently, deflections of the septum, irregular development of the cavities, polypi, specific ulcerations, fibroids, etc., as well as diseases of the accessory sinuses. The lower pharynx and larynx and sometimes the bronchi also usually present catarrhal conditions.

Symptoms.—The symptoms are locally: Difficulty of nasal respiration; retention of the secretions and efforts at removal; catarrhal conditions of parts below; occasional pain and hemorrhage; impairment of mental activity; reflex nervous phenomena; loss of olfaction and phonation. Constitutionally: anemia.

Difficulty of nasal breathing leads frequently to mouth breathing, by which the air is but imperfectly prepared for the lower air passages. The contact of this air excites pharyngitis and laryngitis, which subsides when nasal respiration is restored. The contact of vitiated secretions with those parts has further influence. (We pass over other characters of the discharge.)

As to local pain and reflex neuroses: these are most likely to occur when the hypertrophied tissues come to impinge upon one another and especially upon the septum. This impaction is often constant, but more commonly it is found during periods of especial congestion, as after exposure or in the course of a "cold." The reflexes are numerous and important. They are such as irritable cough, spasmodic contraction of the throat muscles or the larynx, asthmatic seizures, hay fever, various distributions of anæstherias, of perverted sensation, of neuralgic pain, of nutritive lesions, as acne and pruritus, herpes and urticaria, affections of the eye, the ear and other organs, vertigo, epilepsy, chorea and the like. Congestive headaches often depend on engorgement of the nasal plexuses, and are relieved by local depletion. It is a notable fact that these flexuses are normally distended during menstruation. Mental dulness is frequently attendant upon this affection. Patients complain of inability to concentrate their attention, etc. This symptom has received the name, "aprosexia." It is thought to depend on imperfect drainage of the lymph from the brain by reason of the blockade in the lymphatic system of the nose. Anæmia with its legion of disorders is at times referable to nasal catarrh.

Diagnosis.—The diagnosis can with our present resources be readily made. I refer now not to the diagnosis of the catarrh which is usually advanced by the sufferer and is sufficiently obvious, but to the more remote *occasions* of this process. The obstruction is determined by observing the freedom of the air current through each nostril separately. The statements of patients as to this matter, and as to their resort to mouth breathing are often altogether untrustworthy, but the history will usually sufficiently distinguish many characters of the discharge.

Our main reliance is upon *inspection*, and this cannot be practically carried out without the assistance of the following agencies:

1st. Suitable specula for expanding the vestibule of the nose.

2nd. A strong light whose rays are about parallel with the line of vision, conditions supplied by an ordinary argand burner with a condensing lens and a head mirror.

3rd. A small mirror for the upper pharynx.

4th. A fairly strong solution of cocaine, as 8 per cent., 10 per cent., or 12 per cent. The use of cocaine has almost revolutionized the practice in rhinology. It acts principally in two ways, both important; 1st, by abolishing sensibility, thus allowing of the necessary manipulation; 2nd, by its wonderful power of firmly contracting the erectile structures, but most important, it may be applied so as to remove the normal turgescence of the membrane at the anterior part of the nose and thus bring into view the condition of parts more remote.

Pathology.—The essential characters of the inflammatory process, whether acute or chronic, are the same here as elsewhere, but their secondary features are modified by the special conditions of the nasal cavities. Of the cardinal symptoms of inflammation the swelling is in this case, perhaps, of the greatest importance. It obtains to a greater degree than in affections of other parts. This pre-eminence is due to the extensive vascular development. The lumen of the vessels becomes enormously increased. The swelling is further dependent to some extent upon exudation; but to a minor degree only. As a result of the acute process the vessel walls lose tone and the swelling becomes chronic, with tissue growth due to the increased nutrition, and after a long time atrophy. The immediate consequence of this tumefaction is obstruction to the passage of air through the nose, for the walls of this cavity being bony, no extension outward is possible.

We have then nasal stenosis developed. This condition is a prominent factor in the further progress of the case. As the air is drawn into the body by aspiration, there is normally some diminution of the ordinary pressure (which the air seeks to re-establish). When the nasal passage is contracted, the air has less ready access and aspiration causes a more decided vacuum to form. The blood presence therefore distends the vessels of the membrane situated behind the stenosed portion and they become enormously dilated. Their tone is destroyed and the condition then persists indefinitely. The relaxed condition also renders the membrane more susceptible to the influences which induce acute catarrh. Thus a vicious circle is established and we have a chronic catarrhal inflammation with acute exacerbations.

The prominent factor in the maintenance of chronic catarrh is therefore, *stenosis* of the nasal passages. The exudation in this affection is a prominent feature, since its disposal involves much difficulty. Owing to this difficulty, and the increased attention therefore given to this symptom, it was for a long time thought to be in excess of the amount of fluid furnished by this membrane in the normal condition. This idea has, however, been shown to be erroneous. The secretion is actually diminished. That which is furnished is also apt to be faulty—to have an undue consistence. It therefore does not flow backward freely as should occur, and requires considerable effort for its removal. When the hypertrophy leads to contact between opposing surfaces, the membrane is irritated and frequently eroded; pain and tenderness are excited; the secretion is further altered and its flow hindered and reflex symptoms are very liable to occur. The pressure between the surfaces varies somewhat according to the congestion present. In consequence of these conditions, there is retention of the discharge, of its more solid portions especially. The fluid part runs off or is dissipated by evaporation. The retained mucus decomposes and becomes very offensive, as well as tenacious and difficult of removal. The disorder frequently extends along the canals communicating with the nose. The eye and ear often suffer by this means.

Treatment.—The key to successful treatment of this affection lies in a just appreciation of its causation. This cause, as has been stated, is in the great majority of cases comprehended under the term "nasal stenosis." The removal of obstructions to free respiration in the nose is the great principle of radical treatment, as conducted to-day. This idea does not conflict with the reference of the affection to meteorological conditions which doubtless exercise the greatest influence primarily, but as a result of these influences, nasal stenosis is usually established and becomes the proximate cause of the affection.

Stenosis is the result also of other influences. Thus, deformity of the forward portion of the septum nasi is a very frequent one, and this lesion is frequently traumatic in origin. The formation of polypi or other tumors, the enlargement of the pharyngeal glands, often consequent upon the ravages of the eruptive diseases in the throat—the lodgment of foreign bodies, etc., all act in the same direction. Conditions of the general health exercise a potent influence in predisposing to and in maintaining disease here as elsewhere.

The removal of stenosis demands various kinds of procedure. When of little standing and dependent upon acute catarrh, it will yield to simple means directed to the cleansing of the surfaces, and perhaps including the use of astringents. The general nutrition needs attention as well. But astringents are not regarded so highly as formerly and such medication as has been resorted to with this object are considered to render service rather by reason of their stimulating quality.

Another indication frequently exists and is quite urgent. It is the necessity of relieving *contact* between opposing surfaces. Such contact gives rise to much of the reflex and local suffering attending the disorder. It may not be constant, but occur only during turgescence of the membrane, which, however, is a most frequent condition. It demands the same measures of treatment. When the stenosis is of longer standing, more active measures are used. Medicinal agencies are inadequate and removal of the excess of tissue is resorted to.

For hypertrophies of the mucous membrane and its sinuses, some form of cautery is usually employed. This is effected by application of chromic or of nitric or of glacial acetic acid, and rarely of nitrate of silver. Besides these the galvano-cautery is most depended upon. They are considered to act partly by direct removal of tissue which sloughs away and partly by causing absorption of that in its proximity. The applications are therefore to be limited and should not extend completely over the area to be removed. In some cases the relaxation of the membrane is such that it can be gathered up in a fold; in such cases it is often practicable to remove it by means of the wire snare. This condition is most frequently met at the hinder end of the inferior turbinated body. In adenoid vegetation about the naso-pharynx, removal is accomplished by the snare, by the galvanic cautery, and often by their combination in the galvano-cautery snare. Curettes are however often of service and sometimes forceps are used. Of the means of reducing bony obstructions, I need say little here. The latter are frequently encountered. Various devices are used, as saws, shears, snares, forceps, etc. Prominent among these is the electric trephine. Cases of atrophy of the nasal membrane and erectile tissue are usually a late stage of trouble, and are very troublesome. They call for stimulating measures. Another great principle of treatment here is the maintenance of cleanliness. It is a characteristic of chronicity in inflammations of mucous membranes that their secretions tend to adhere closely, and the progress of a case toward recovery of the membrane is indicated by their becoming fluid and easy of removal. These mucous accumulations injure the membrane greatly, often erode it and are very liable to become offensive by decomposition. It is a cardinal principle to remove them thoroughly before attempting any more radical measures. It is quite the fashion also to combine antisepsis with this effort. Solutions are most used, but oily preparations often act well, while in some cases the offending substances must be directly seized and detached.

Many other indications are presented in individual cases and notably such as demand sedative measures, but as they are not peculiar to nasal affections, they demand no reference. There are a few remedies which appear to act specifically upon the nose and throat after absorption into the blood. These are, most prominently, muriate of ammonia and cubebs.

Prognosis.—All cases are susceptible of relief, and usually of very great relief. The majority of cases are considered curable, but only after considerable time, when the changes are very marked. Cases distinguished by atrophy are most intractable, and often admit of palliative treatment alone.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting September 11, 1889.

The President, DR. W. W. KEEN, in the Chair.

DR. FERDINAND H. GROSS read a paper on

Hematometra.

(See page 454.)

In the discussion DR. JOHN C. DA COSTA said: I would ask Dr. Gross where he punctured the uterus in the second case? Did he attempt to follow the cervical canal, or did he put the trochar directly into the mass? I congratulate both patients on having fallen into the hands of Dr. Gross, and out of the hands of their previous advisers. Hematometra is not of common occurrence, and when we have it, it is usually due to closure of the entrance; or atresia, so called. The first case described, I think would be found described in the books rather under the head of atresia of the vagina rather than of hematometra. I do not understand how those who had previously examined and treated the case could have overlooked the nature of the difficulty. They would not have done so if they had heard the late Professor Wallace lecture on atresia vagina as he used to describe it, with "the bulging membrane looking like a child's head coming out." If they could not have made a vaginal examination, an examination by the rectum would have shown the uterus above and the soft fluctuating mass below, and made the diagnosis for them.

The second case seemed to be due to closure of the cervical canal. This is more common after the application of solid nitrate of silver than people generally are aware of. There is apparently something particularly vicious about the application of solid nitrate of silver to the cervical canal. Stronger agents may often be used without producing the trouble it does. I do not see how in this case a practitioner could mistake the nature of the trouble. The gravity of such cases often arises from imperfect examination of the parts, and, therefore, knowledge of the condition, and as a result of this—want of timely treatment.

DR. LAWRENCE WOLFF said: I had the pleasure of examining the second case with Dr. Gross. I assisted him in emptying the uterus, and my curiosity being aroused as to the nature of the chemical changes that had taken place, I secured some of the contents for examination. The microscope showed that there were no corpuscles present. I made the blood test, and secured Teichmann's hematin hydrochloride crystals. While there was undoubtedly blood, there was no hemoglobin but hematin. I think the question is not altogether solved as to what becomes of the serum-albumin in such conditions. The uterus is not prone to take up serum-albumin, but here it had evidently been absorbed, and nothing but globulin and hematin remained, as we found to be the case when the mass was mixed with water, which rendered it turbid, the globulins being insoluble in water. The fact that globulin is not taken up is not generally known. We know that the corpuscles, as a result of pressure, poisons, and other conditions, will break down, and that hemoglobin will be changed to hematin, but it is not generally understood that in hematometra serum-albumin, which is diffusible, is reabsorbed and globulin retained. These facts have a bearing upon various pathological conditions, especially some forms of nephritis, and that is one reason why I have brought up these points in regard to the condition of the blood in these cases.

DR. J. PRICE said: These congenital forms of atresia are quite common. In the last few years a great many operations have been done for infantile forms of the female generative organs, and in many of these cases we find atresia. In the last year I have done two sections for regular menstrual molimen without blood. They had suffered from the age of thirteen or fifteen years to thirty-five, without any menstrual flow. In these cases I found atresia with infantile uteri. The appendages were rudimentary. There was no accumulation. In these two cases the results have been quite happy.

A few years ago, a lady asked me to attend her in her confinement. Conception had immediately followed an operation upon the cervix done by an estimable operator. She had been sterile for five years before the operation. Previous to this she had borne three children. She sent for me after she had been in labor for some time. There had, however, been no show. On examination I found a supra-vaginal diaphragm, without the semblance of os or cervix. I made a careful speculum examination, and sent for a friend, a man of good judgment and experience. The head was engaging, but no os could be found. We made a crucial incision in this diaphragm, and she was delivered of a healthy child without trouble. She made a good recovery, and has since borne children. In this case, although a canal had been left, there were probably some granulations which subsequently closed the canal.

Ten days ago, I operated upon a cicatricial case. The woman had borne four healthy children, but had not menstruated for some years. I found but little accumulation. There had been extensive sloughing, and I had to make a vagina throughout. A portion of the blood had apparently been absorbed. The material found in these cases is usually of a hard character, similar to that found in hemato-salpinx. It will make a black mark, and can be used as a crayon.

The discharges from the tubes of which Dr. Gross speaks, I am satisfied lasted only a short time. The irritation is sufficient to provoke occlusion of the tube, and we have the clubbed condition of the tubes seen in accumulation of fluid in the tubes. The tubes look like the end of an amputated finger. I have here two specimens illustrating this point. The woman from whom this was removed never conceived, there is a semblance of a pavilion. There has been salpingitis and local peritonitis, causing closure of the pavilion. Here you have a broad ligament cyst, an occluded tube, and a typical hydrosalpinx. Schœder gives an interesting discussion of this entire subject, and cautions care in the examination that leakage or rupture may not occur. It is evident from his remarks that this accident had occurred in his hands.

Dr. Gross: In reply to the question of the first gentleman, I would state that there was only a point indicating where the os might have been. I followed this in the direction one would suppose that the canal would take. It was some distance before the trochar reached the cavity.

In regard to the first case, an examination per rectum might have revealed a small uterus if the fluid had been contained only in the vagina. This case was, however, of six or seven months' standing, and the secretions, after filling the vagina, had also dilated the cervix and uterus. Here the term hematometra is also used. When the vagina only is filled, it is an hematocolpos. To be more exact, unless you object to long names, the term hematometrocolpos would express the condition when both vagina and uterus are involved.

I am obliged to Dr. Wolff for his interesting remarks in regard to the character of the fluid. His remarks make the report of the case more complete.

PERISCOPE.

Bacteriology of Drinking-Water.

In the N. Y. *Medical Record*, Oct. 5, 1889, there is an admirable paper on the bacteriological tests of drinking-water by Dr. Edward K. Dunham, of New York, the whole of which is eminently worthy of careful perusal, and the concluding portion of which we lay before our readers.

If we trace the history of a given sample of water, says Dr. Dunham, we shall arrive at a point in that history when the water must have fallen as rain. Since water, when it evaporates, leaves behind it all suspended matter, it follows that any bacteria found in rain-water must have been washed from the air, or from the surfaces with which the rain came in contact. They were either in the atmospheric dust, made up of fine dry particles wafted into the air by currents, or they were upon the water-shed. It so happens that bacteria are not all equally capable of preserving their vitality when subjected to the desiccation which must precede their presence in floating dust, and it follows therefrom that rain-water, except under extraordinary circumstances, will contain only species included in a group provisionally designated as "air bacteria," without implying that they are found only in the air. And, conversely, if all the bacteria in a sample of water are of a species included in this group, the deduction that it has been exposed to none but aërial contamination appears reasonable, no matter how numerous the individual bacteria may be.

If we next imagine that the rain-water has fallen upon the ground and thence is washed into streams, ponds, or open wells, it is evident that it will carry with it those bacteria which can readily be detached from the vegetation or the soil over which it has passed. In brook or pond-water we may, therefore, look for not only air bacteria, but bacteria belonging to a second group of species representative of surface drainage.

While a portion of the rain-water runs

from the surface, another portion sinks into the ground and eventually becomes blended with what is called the "ground-water." During its passage through the soil, most, and probably in many cases all, of the bacteria contained in it are caught in the interstices of the ground, or are subjected to unfavorable conditions and die. Observation has shown that ground-water is usually free from bacteria, or contains them in but small numbers; but when the soil is very pervious the ground-water may yield bacteriological results approximating those indicative of surface drainage.

The ground-water underlies a layer of soil rich in bacteria, and is exposed to many chances of receiving them on its passage toward the surface, where alone it can be of domestic use. And it is during this passage to the surface that it is exposed to the greatest risks of contamination with sewage or excrementitious matter, which are especially liable to contain noxious bacteria. In such a water the bacteriological test is capable of detecting the contamination and of determining its nature with considerable precision.

From a bacteriological point of view, admixture of sewage with a water can be injurious only when that sewage contains noxious bacteria. If, through any process, the sewage be freed from such bacteria, it will be deprived of all bacteric infectious qualities. The most common natural process by which sewage is freed of bacteria is filtration through the soil. If all the bacteria are removed the sewage can contain no pathogenetic species, but if they are not all removed and the sewage passes into a water-supply, the latter will be in danger of infectious contamination so soon as the sewage contains pathogenetic bacteria. The detection of the contamination of a water-supply with sewage is of particular interest because of its relations to the possibility of infection with typhoid fever following the drinking of such a contaminated water.

We know of no general natural habitat of the typhoid bacillus. It may be that, in the future, some natural home or mode of development of that bacterium will be discovered. When that knowledge has been acquired the bacteriological test of water can be applied so as to make practical use of it, but for the present we must consider the discharges from individuals suffering from typhoid fever as the source from which typhoid bacilli might gain access to drinking-water.

If the water were free from bacteria before the entrance of the typhoid bacilli, and the latter were not mixed with other species of bacteria, their detection would be simple and certain, and with the finding of them a bacteriological examination of the water would come to an immediate conclusion. But in actual cases the typhoid bacilli are associated with large numbers of the fecal bacteria, and this mixture is disseminated through a large bulk of sewage; the chances of identifying the typhoid bacillus are inestimably diminished by these circumstances, and we are, therefore, constrained to condemn water containing fecal bacteria, or those forms of putrefactive bacteria which are frequently found in sewage, even though they themselves may have no pathogenetic qualities, and even though the source of the water was apparently pure.

Simple and clear as are the principles underlying the bacteriological test of water, it does not seem superfluous to consider a few typical illustrations of their application to cases met with in actual practice.

I. A sample of water was found to contain an average of 496 bacteria in one cubic centimetre, a very large majority of which belong to a single species—micrococcus caudicans—a very common air bacterium. There were but few other species present, most of which were recognized as common air species.[1] The inference from such a result is direct: The water, a pure water, had been exposed to the air and then remained subject to conditions favorable for the development of the bacteria which had fallen into it until they had increased to the number found. This conclusion was confirmed by the fact that the sample, as was afterward learned, had come from a tank which was filled with water previously subjected to a very intelligent process of filtration. Some of this same water, after being bottled for a short time, contained 3,970 bacteria per cubic centimetre, among which five species were recognized, the majority of the individuals belonging to the single species caudicans. No reasonable sanitary objection could be raised against this water, either before or after it had been bottled, although the number of bacteria found in both samples exceeded the usually accepted limit for good water.

Many of the air bacteria seem, after a

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[1] Bacillus luteus, yellow sarcina, micrococcus cereus flavus, and some not named.

time, to die out when introduced into water, as is exemplified by a sample of rain-water, which immediately after collection, during a gusty thunder-storm, contained 5,940 bacteria; while, after standing protected from dust for a few weeks, the number had fallen to two. On the first examination there was a large number of species present; on the second examination only a single species, common in both air and water.

II. Water from a sylvan brook, swollen after a heavy rainfall, contained over two thousand bacteria to the cubic centimetre, a large number of which proved to be bacillus subtilis, a species abundantly found on vegetation and in earth. There was also present a species frequently found in soil. No other species other than air species were found, and it was, therefore, concluded that the large number of bacteria was due to surface drainage innocent of injurious qualities.

III. A brook was examined at its source, where the water ran from a loosely covered cleft between two rocks; again about half a mile from its source, after it had wound through a grove and open fields; and again at a third point, about three-quarters of a mile beyond the second place of collection, and several hundred feet below a point where it received the drainage from some half-dozen dwellings. At its source it contained 250 bacteria, among which there were several air species, a few of the more common water bacteria, also occasionally met with in the air, and a few earth species. Samples from the second point of collection contained 532 bacteria, similar in character to those at the source, but the water and soil species were relatively more abundant. At the third point of collection the number of bacteria had risen to 4,773, and, besides the species found above, there were both fecal and putrefactive species present.

The correspondence between the results of the bacteriological examination of this brook and the history of the water is so close that, if we knew only those results and the order in which the samples came, we should be obliged to construct a history of the water essentially identical with that of this brook.

IV. The water-supply of a certain town is drawn from a series of driven wells, which are, with the single exception of one used for making observations on the level of the ground-water, connected in such a way that the water is pumped from them all collectively. A sample of water taken from the main at the pumping-station contained two bacteria per cubic centimetre, while a sample taken from the observation-well contained five thousand. But the bacteria in the latter sample were all of one species—namely, the same species which has already been mentioned as persisting in a long-preserved sample of rain-water. According to our principles of interpretation, these samples must be regarded as equally free from suspicious contamination. The five thousand bacteria were due to an adventitious inoculation of the test-well with a harmless species capable of thriving under the conditions there prevailing. After stating that the bacteria present were of a single species, it is superfluous to add that the well was kept covered.

V. A deep artesian well, situated in the immediate neighborhood of a field irrigated with the sewage from a large public institution, was used as the water-supply for the inmates. The water had been repeatedly declared unsafe because of the high yield in total solids, chlorine, and ammonias obtained on chemical analysis. It was examined bacteriologically and found to contain very few bacteria, none of which represented species indicative of sewage contamination. There was no clinical indications that the water was unwholesome. In this case it appears that the natural filtration of the water through the soil sufficed to free it from bacteria.

VI. A stream which was drawn upon to furnish water to a town, was suspected of being contaminated with sewage because of an outbreak of typhoid fever in that town. Chemical analysis failed to furnish evidence of any such contamination, but the water was found to contain large numbers or bacteria belonging to a putrefactive species common in sewage. This result, while not demonstrating the presence of typhoid germs in the water, arouses a strong suspicion of a sewage contamination, which alone would be sufficient to declare the water untrustworthy.

In conclusion, it is evident that the bacteriological examination of a water cannot, save under exceptional circumstances, pronounce a direct verdict as to the sanitary value of that water. Its legitimate province is the discovery of the relations existing between the water and the natural or fortuitous distribution of the various species of bacteria. The significance of those relations must be determined by our knowledge of the causation of disease.

Nurses' Training School in Camden, N. J.

A school for nurses has been established in the Cooper Hospital, Camden. This is the first school of the kind organized in Southern New Jersey. The first session of the school commenced October 4.

About twenty candidates, mostly women personally known to and vouched for by members of the hospital medical staff, are enrolled as pupils. The school year will be divided into fall and spring sessions, the first embracing the months of October, November, and December, and latter March, April, and May. Lectures will be given by the members of the medical and surgical staffs of the hospital on Tuesdays and Fridays of each week between 4 and 5 o'clock. The lecturers will include the most prominent physicians, surgeons, and specialists of Camden, and eminent visiting members of the profession. Skeletons, charts, and manikins have been prepared to illustrate these lectures, and as the scholars advance in their lessons they will be given practical experience in the wards of the hospital, and in the pharmacy, and chemical and dissecting rooms. The school is under the personal direction of Dr. D. Strock.

Upon the completion of the course of studies, if the student can pass a satisfactory examination, a certificate of fitness to perform all the duties of a trained nurse will be given. A list of graduates and their addresses will be kept, and applicants for a skilled nurse will be directed to the graduates who are known to be available at the time the application is made.

Improvement in Inguinal Colotomy.

Dr. Charles B. Kelsey, of New York, says, in the *Medical Record*, Oct. 12, 1889: In the last few inguinal operations I have performed, I have adopted the following plan: The incision is that of Cripps—across a line from the anterior-superior spinous process to the umbilicus. After getting the sigmoid flexure outside the body, a hair-lip pin is passed under it in the following manner: It is entered through the skin on the side of the wound toward the median line, and at the junction of the lower with the middle third of the incision. It perforates first the skin, next the parietel peritoneum, next the mesentery of the gut close to the bowel, and at the junction of the lower and middle thirds of the exposed loop, next the parietal peritoneum on the other side of the incision, and finally, the skin. By this means the gut is so firmly held in position that it cannot be dislodged by any vomiting, and a perfectly satisfactory spur is formed, which will prevent any passing of fecal matter beyond the opening. After this procedure I have never been troubled either by prolapsus of the mucous membrane, or the passage of feces from the colon into the rectum. With this modification I now adopt a running suture instead of about fourteen interrupted ones, to join the parietal peritoneum to the visceral layer, and to the skin. A rapid operator can easily, in this manner, complete the entire technique of inguinal colotomy in ten minutes, and to this extent reduce the necessary shock.

Disarticulation of the Humerus with Resection of the Articular Eminences.

Dr. Raoul discusses this subject in a Paris thesis. The disarticulation of the forearm, he says, is always preferable to amputation of the arm at its lower third. 1. It is less often followed by death. 2. Leaving the arm longer it gives greater leverage. 3. It preserves the lateral eminences and so assures the fixity of an artificial limb. It should be performed whenever the soft parts are long enough. If this is impossible, the arm should be disarticulated at the elbow, if the skin is still sufficiently long, and the articular eminences resected. This operation offers the advantages of a disarticulation, but requires a centimeter of integument less. To perform the operation, a circular incision is made, as in ordinary disarticulation, but from one to one centimeter and a half higher; the trochlea and the condyle are sawed off at the level of the tuberosities of the humerus. Then the prominent cartilage is resected with pliers all around the surface of the bony section, and the parts united with catgut sutures—first the muscles, then the skin, in such a manner that the cicatrix will not be transverse but antero-posterior.—*Gazette Médicale de Paris*, August 17, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

CONSANGUINEOUS MARRIAGES.

There is a widespread belief that the marriage of persons nearly related by blood is likely to result in offspring of imperfect physical or mental development. This, most medical men know to be true—not for the reason to which the result is usually attributed by the laity, but because consanguineous marriages concentrate in the offspring the physical or mental defects or weakness of the parents, as both parents are likely to have the same sort of defects or weakness, while in other marriages the risk of a coincidence of the kind is comparatively slight. But, real as is the danger in consanguineous marriages, the mere fact of consanguinity is not in itself a danger to the offspring. There are many proofs of this in history, while an interesting addition to them may be found in a recently published book by His Majesty Kalakaua, king of the Sandwich Islands. This book is entitled *The Legends and Myths of Hawaii*, and it is edited by Hon. R. M. Daggett, late United States Minister to the Hawaiian Islands. In it the statement is made that "In the royal families, to subserve purposes of State, father and daughter, brother and sister, uncle and niece frequently united as man and wife. The children of such unions were esteemed of the highest rank, and, strange to say, no mental or physical deterioration seemed to result from these incestuous relations." In commenting on this statement a reviewer in the *Nation*, Sept. 26, 1889, says: "There seems to be no doubt of the accuracy of the facts here stated. The magnificent physical development, the clear and active minds, and the noble manners of the higher chiefs are matters well within the memory of the present writer and of other former residents of the group."

This contribution to our knowledge of the subject of consanguineous marriages is especially interesting as coming from a country where admixture with a foreign population, and the abandonment of their ancient social customs, has been followed by a deterioration of the native race which is as pitiable as it is unmistakable.

COMPETENCY OF MEDICAL WITNESSES.

The Supreme Court of Wisconsin has recently rendered an opinion which is of interest to medical men. The substance of this opinion is that the testimony of a medical witness who has had no practical experience in the treatment of cases of poisoning, and who testifies only from memory and his knowledge of what medical works and medical instructors teach on this subject, "is, at best, hearsay, and inadmissible in a criminal trial for murder by poisoning." The opinion narrates the main points of a case of this kind in which the plaintiff in error—that is the defendant at the first trial—had been charged with murdering his wife by poisoning, and had been convicted. The principal medical witness described the symptoms of the patient and testified to the symptoms of arsenical poisoning. His testimony was objected to by the defence, on the ground that he was not an expert. The Court sustained the objection until the witness could be further examined as to his qualifications to testify. It was in evidence that he was not a graduate of any medical college, but had been practicing for twenty-five or thirty years. He could recall no case in which he had treated arsenical poisoning before. The Court admitted his testimony, and largely upon the strength of it, and that of another medical man who was equally inexperienced in arsenical poisoning but who also claimed to be able to describe its symptoms, the defendant was convicted.

The Supreme Court in passing upon this case ordered a new trial, on the ground that the Court below committed a serious error in admitting the testimony of the medical man who was in attendance on the case, in view of the fact that he said that he had never personally seen a case of arsenical poisoning before.

A very careful review of this judgment is contained in the *American Law Register*, for August, 1889, prepared by Richard G. Morrison, Esq., of Minneapolis, Minn. In this, after a very careful comparison of a large number of cases more or less similar in character, the opinion is expressed that actual experience should not be held to be absolutely necessary to render a physician competent as an expert on a particular question, though the lack of it should be considered by the jury, in connection with his other qualifications, in determining the weight to be given to his testimony.

In this opinion we entirely concur. It seems to us preposterous that a medical man whose experience had covered a number of years in medical practice, and who was able to describe the symptoms of arsenical poisoning—or any other—should not be a competent witness simply because he had never before in actual practice seen a case of such poisoning. We can understand that there may have been some prejudice in the present case against the physician who was the chief medical witness because he was not a graduate of any medical school, but this does not seem to have been the consideration which led the Supreme Court of Wisconsin to its decision. It certainly is not mentioned, and the presumption would be in favor of any medical man who had been practicing for a long time in any one particular place.

It is not always easy for medical men to follow the affirmation of the Courts in regard to matters of medico-legal interest, and sometimes the deliverances of Courts of last resort impress them as bearing the mark of human fallibility. But this is not an experience of medical men alone; other men have at times cause to dissent when even a Supreme Court lays down the law. In any case, however, this is the law, and law-abiding citizens may well know and submit to it.

RETURN OF THE HOMŒOPATH.

The *New York Medical Times*, a journal whose circulation is almost exclusively among homœopathic practitioners and which until recently at least, was avowedly homœopathic, has contained in the numbers for September and October, 1889, articles and editorials discussing the possibility of union of homœopathic with regular practitioners of medicine. The writer of the articles, a Southern physician, claims that there never will be at any future time a possibility of perfect unison between the two "schools," as he terms them; and he suggests the establishment of "mutual respect and co-operation when the good or satisfaction of patient or physicians may require," to be further cemented by the formation of a "Union Medical Association" to include all classes of physicians. On the other hand, the Editor of the "Times" holds to the belief that the word "homœopath" is in itself the one obstacle in the way to a future alliance, and, acknowledging its lack of significance, proposes to homœopaths that they abandon this designation. Then, it says, the bonds of professional union can be extended over the present apparently unbridgable chasm.

In this, our contemporary is entirely right. The attitude of the regular school of medicine toward the sects is charitable but it cannot be weak. One step is indispensable to any form of union with them and that is for them to abandon their sectarian names. In the case of most so-called homœopaths, as we have steadily urged in the REPORTER, the title is either a mere misnomer or a fraud; and in either case it must be abandoned.

This subject has recently been quite fully discussed by the Philadelphia County Medical Society, and the sentiment was unmistakable that the regular school can have nothing to do with the sects so long as they insist upon a special designation. It is surprising that men of excellent judgment in general can for a moment entertain the idea of any harmonizing of the regular profession with irregulars—who will not themselves come in if they believe their exclusive dogmas, and who ought never to be admitted if they do not. In the first case the conscience of the irregular debars him, and in the second the conscience of the regular ought to perform this duty for him.

The more this subject is considered, the clearer it becomes that it is now about time for the Old School to let the homœopaths work over it awhile by themselves. The case is plain to any one who has a logical head. The Old School stands on a broad scientific basis; the sects insist on something else. It makes no difference what that something else is—it cannot be scientific, and it must be abandoned. There are indications now that intelligence and conscientiousness are beginning to work in the ranks of so-called homœopaths; and there is reason to believe that before long the best among them will summon courage to take the inevitable step, and sever themselves from those the shame of whose ignorance or want of conscience they must share so long as they keep them company. This we say—as we have said it before—with no unkind feeling toward those whom we regard as entangled in error, and mainly to counteract the possible influence of a recent plea for "union" and "harmony" which might mislead the sectarian as to the real attitude of the mass of physicians toward them. Here and there a man may miss the real issue; but the mass of the Old School understand it perfectly well, and will not be blinded to it by any specious argument.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

RECHERCHES CLINIQUES ET THERAPEUTIQUES SUR L'ÉPILEPSIE, L'HYSTÉRIE ET L'IDIOTIE. Compte rendu du Service des Enfants Idiots, épileptiques et arriérés de Bicêtre pendant l'année 1888. (CLINICAL AND THERAPEUTICAL INVESTIGATIONS ON EPILEPSY, HYSTERIA AND IDIOCY. Report of the Service for idiotic, epileptic and Backward children of the Bicêtre Hospital for the year 1888.) By BOURNEVILLE, Physician to the Bicêtre, and COURBARIEN, RAOULT and SOLLIER, Internes. Volume IX, 8vo, pp. lix, 92, with twenty-five illustrations. Paris: *Progrès Médical*, 1889. Price, three francs, fifty centimes.

The first part of this report is taken up with an account of the service during the year 1888, and gives an interesting but brief outline of the methods of instruction pursued with the children. Pichery's system of gymnastics, which is largely used, is described and illustrated by a number of cuts. The authors think that the study of words should be begun with the consonants, not with the vowels; that the syllables composed of one consonant and one vowel should be articulated first, and that labials should precede all others; and they add that isolated syllables are less easy of articulation than repeated syllables. The opportunities for studying the classes of disease mentioned may be inferred from the fact that, on December 31, 1888, there were three hundred and seventy-eight children in the service.

The second part of the book is devoted to the clinical aspect of the cases. Dr. Bourneville first discusses "New cases of Idiocy with Pachydermatous Cachexia." These are cases of cretinoid or myxœdematous idiocy, which the author thinks are much more common than one would suppose from the small number of patients of this kind admitted to asylums. Several cases of the kind are described, and two reproductions from photographs of cases are given. In none of the living cases, the author says, has it been possible to *feel* the thyroid gland, and in three autopsies its absence was demonstrated.

Bourneville and Courbarien declare that consanguineous marriages are productive of epileptic, hysterical, idiotic and imbecile children, only when the parents are unhealthy: healthy parents, as a rule, can procreate only healthy children. The third chapter is on "Epilepsy and Fronto-facial Asymmetry." Bourneville has tried bromide of nickel in eighteen cases of epilepsy: in one case there was progressive diminution of the number of attacks, until they disappeared completely and remained absent for three years; in one case there was improvement, which is still marked under the influence of purgatives and douches; and in one case the number of attacks remained the same. In all the rest (fifteen cases), the remedy aggravated the disease. The results obtained, therefore, have been very different from those of Da Costa. The book concludes with a chapter on perversion of instincts, and with an appendix.

The book will be read with great interest by those who have charge of the same classes of patients, and it should stimulate them to make better use of the material than has been the custom hitherto, at least in this country.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. An Atlas and Text-Book combined. By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc. Second series. Complete in twelve parts. Parts 1–10; each 10x11½ inches, containing sixteen pages of text and four colored photographic plates. New York: E. B. Treat. Price, $2.00 per part.

This is a second issue of the plates and text on skin diseases first issued by Dr. Fox five years ago. It has the merits of the original issue, with the added advantage of some remodelling and enlargement. It is a very handsome piece of bookmaking, and the text and plates are full of interest and instructiveness.

The plates are reproductions of photographs taken from patients, and they are colored so as to make the resemblance to the actual conditions more clear and more striking. In all of them, the conditions are very faithfully portrayed, and in some the representations are remarkably vivid. The text is well fitted to the pictures, and the whole book makes an impression like that of a good series of clinical lectures. We can heartily recommend this work to the attention of our readers, feeling sure that it is calculated to be helpful in the diagnosis and treatment of cases of a sort which are very troublesome to most practitioners.

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CORRESPONDENCE.

Antiseptics and Country Obstetrics.

TO THE EDITOR.

Sir: I have been reading the interesting articles of Drs. Mitchell and Kemper upon the subject of "Antiseptics in Normal Labor." Not being much of a writer, but a weekly reader of the REPORTER, a deep thinker and a constant worker as a country practitioner, I must say I heartily coincide in their idea of non-asepsis as regards sublimate solution, etc., in cleansing the parturient canal after delivery. For my part, I will say: I have clean hands; I make as few examinations as possible, and ten times out of ten the mother and child will get along all right, even cheer the father's heart the next day, and the old man will say: "Doctor, I will pay you when I dig my potatoes this fall."

My experience in country practice in the way of obstetrics in the past eleven years has amounted to the number of 1,008 births, and I have not lost a mother in confinement or childbed fever. Of course, I have had the usual amount of still births from premature or lingering labor, but these would not amount to twenty-five. I have had, I think, every presentation, and have used podalic versions several times, without injury to mother or child. I keep two pair of forceps, and must say I have never had the pleasure or misfortune—whichever you may call it—to give them an introduction in their calling. However, I don't know how soon I may have to use them, as I consider them invaluable in time of need.

As Dr. Mitchell says, a country doctor is called one hour in the home of poverty, the next where all is surrounded with the luxuries of wealth. Of course, this makes the doctor a creature of circumstance. To illustrate: I was called to see a poor family in the country, living in a cabin 8 x 10. The mother was in confinement with the sixth child. After staying four hours, delivery came about all right. Nothing would do now but that I should take breakfast, as it was about daylight. I seated myself at the table by the side of the bed and cleverly commenced eating, when I heard a cluck, cluck, and turning my head I discovered a big dog devouring the placenta under the foot of the bed. Suffice it to say, my appetite failed at once, and I put off my meal until I arrived at home. To conclude, I will say: Keep your hands clean, be attentive, and avoid too much interference.

Yours truly,
JOHN T. MASON, M. D.

Milledgeville, Ohio.
Oct. 14, 1889.

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THE CELEBRATED PAINTING of Rembrandt, called the "Anatomical Lesson," has been bought, it is said, by Mr. Ellesworth for the Institute of Art, of Chicago. It formerly belonged to the Princess de Sagan.

NOTES AND COMMENTS.

Pilocarpine in Traumatic Tetanus.

Dr. L. Casati, of Forli, has reported three cases of traumatic tetanus which were cured by hypodermic injections of hydrochlorate of pilocarpine. In the first, large doses of chloral hydrate and bromide of potassium were given internally, and chloral was injected into the veins; the symptoms, however, became worse. Then belladonna ointment was rubbed into the skin over the affected muscles, one-half of a grain of watery extract of opium was exhibited every two hours, and one-sixth of a grain of hydrochlorate of pilocarpine was injected every two hours, night and day. In six days the tetanic contractions had ceased, but violent delirium came on, probably as the result of the belladonna frictions. This was checked by paraldehyde, and complete recovery took place. In the next case, treatment was limited to the pilocarpine injections, and the symptoms gradually disappeared. In the third case, which was one of great severity, eleven and one-third grains were injected in fifteen days, with complete success.—*British Medical Journal*, June 15, 1889.

Spontaneous Rupture of the Heart.

At a recent meeting of the Anatomical Society of Paris, M. Mallet reported a case of spontaneous rupture of the heart. The patient was a man, 79 years old, who came under the care of M. Letulle for symptoms of oppression, cough, and arterio-sclerosis. On the sixth day he was seen to become suddenly pale, oppressed, and to move his arms in an epileptiform manner. The whole attack lasted three or four minutes. As he had slight albuminuria the attack was thought to be uræmic. Fifty-three hours afterward this patient suddenly died, and at the autopsy was found a rupture of the heart with an effusion into the pericardium of thirteen ounces of blood.

The facts noted in this case of rupture accord nearly with the conclusions reached by Odriozola and stated in his recent thesis. As regards the etiology, it is interesting to note that the aorta in this case was atheromatous and the left coronary artery almost completely obliterated near its origin. The seat of the rupture was on the anterior face of the left ventricle; the opening was vertical and zigzag in shape, but of unusual length—fifty-five millimeters. The longest opening in a case cited by Odriozola was five centimeters. As to the symptoms, it must be admitted that the first crisis marked the beginning of the lesion, and that then followed it a phase of calm—a phase which has been insisted upon by Albert Robin.—*Bulletin Médical*, June 26, 1889.

The Pulse During the Puerperium.

As a rule, the pulse begins to slow down immediately after labor, and slows steadily for the first eight days of the puerperium. It is most rapid at the beginning of the first puerperal week, least rapid at its end. This slowing is equally marked in primiparæ and multiparæ, and amounts in the week to nine or ten beats per minute. Beginning at 61, it falls to 50–51. There is a diurnal variation in the pulse-curve as in the temperature-curve. The pulse is slowest at midnight and quickest at 8 A. M.; it rises most from 6 A. M. to 8 A. M. and from 12 to 2 P. M. The difference between the maximum and minimum rate any one day is on the average seventeen beats (60–77). The pulse rises after meals. The slowest pulse taken during these observations was 36, which was found on two occasions in nursing multiparæ on the seventh day. Blot and Depaul have observed a pulse of 35 in the puerperium, Olshausen and Quinquaud 34, while McClintock has reported a pulse of 30 after the birth of triplets. This is the slowest puerperal pulse yet recorded. The main cause of pulse-slowing in the first puerperal week is probably the altered condition of the blood, while physical and mental repose is probably a subsidiary factor. Has the pulse-rate any prognostic value? As long as the pulse remains slow the puerperal patient is not suffering from any serious febrile disturbance, but as soon as febrile symptoms appear the pulse rises. If there is elevation of temperature without corresponding rise of pulse, the febrile disturbance is probably only ephemeral. Of course a diagnosis or prognosis cannot be safely based upon the consideration of a single symptom; the pulse-rate must be considered along with the temperature-curve, and the other symptoms subjective and objective.

After *regular* labors the temperature rises continuously and reaches its maximum in six to seven hours, then it falls steadily for ten to twelve hours, and reaches its minimum sixteen to nineteen hours after delivery. The remission is greater than the rise, because at the conclusion of labor the temperature is above the normal. In primiparæ the temperature two to three hours after delivery is almost half a degree higher than in multiparæ, but in eighteen to nineteen hours the effects of the more severe labor have passed off and there is no longer any marked difference between them. After *irregular* labors the temperature is ½° to 1° higher than after regular labors, and it takes a proportionately longer time to fall to the normal. A normal temperature-curve for the first twenty-four hours is a favorable prognostic as far as it goes, but of course is no guarantee of a subsequently favorable puerperium. —*Montreal Medical Journal*, June, 1889.

Extirpation of the Parotid Gland: Recovery.

Dr. Polaillon, who has done many delicate operations in the neck, reported to the Academy of Medicine of Paris, August 20, 1889, a case of complete extirpation of the parotid gland, and presented the patient upon whom the operation had been performed. The boy had been sent to him four years ago by Dr. Descroizilles. He was then five and a half years old, and had a cystic tumor, as large as an orange, in the right parotid region. The tumor was recognized as an adenoma of the parotid, with multiple cysts, and probably, also, with some nodules of enchondroma. The tumor projected externally, lifting the lobule of the ear, but it did not compress the facial nerve.

On August 18, 1885, Dr. Polaillon exposed the tumor by a **T**-shaped incision, and then dissected it with the thermo-cautery and bistoury down to the internal carotid, which could be seen beating in the depth of the wound. A small portion of the parotid, which appeared healthy, was allowed to remain. Cicatrization resulted by first intention. The cheek and the lips on the right side were incompletely paralyzed. About one year afterward there formed, under the cicatrix, some small cysts which lifted the skin and made it thinner and thinner. The skin having broken, some vegetations of malignant appearance developed at the seat of rupture; at the same time the subjacent tissues became indurated slowly. Without waiting for this relapse to develop to a dangerous degree, Polaillon performed a second operation on December 15, 1886. He removed all the hardened tissues, and then, with the sharp curette, he cleared the whole parotid bed, protecting the carotid with a small elevator. The remaining fibres of the facial nerve were destroyed, and facial hemiplegia was complete after this second operation. The child has been well for nearly three years. The facial hemiplegia has not at all improved. Nevertheless the orbicularis palpebrarum has regained sufficient contractile power to close the lids nearly completely. The duct of Steno is atrophied, and it is impossible to discover its buccal orifice. The patient does not complain, and has never complained, of having a drier mouth than before the operations. The other salivary glands supplement the absent parotid. The sensitiveness of the cheek is unaltered. The nutrition of the tissues does not appear to have suffered. The upper right incisor, however, has not yet erupted, although the child is now nine and a half years old. The upper canines on each side are wanting. Finally, under the skin of the right cheek veins are perceived, which do not exist on the opposite side; and on the internal surface of this cheek, are seen varicose veins. These peculiarities are explained by the development of veins destined to supply the circulation in the right facial vein and in the parotid veins, which were destroyed by the operation.—*Bulletin de l' Académie de Médecine*, No. 33, 1889.

The Bactericide Action of Serum.

Buchner (*Münchener med. Wochenschrift*, No. 24, 1889) was able to establish, first of all, that bactericide properties reside in animal blood in a defribinated condition. He thus comes to results similar to those of Nuttall. The blood of rabbits and dogs showed this action in about the same degree. The power of resistance of the separate kinds of bacteria was, however, very different. It was least in the typhoid bacillus, the cholera bacillus, the bacterium coli commune, and the bacillus fœtidus; but the bacillus pyocyaneus and a bacillus resembling that of typhoid fever and dwelling in the intestines, were more difficult to destroy. Splenic fever and swine erysipelas

(*Schweinerothlauf*) occupy a middle position. The bactericide power of the blood is preserved for a long time by cooling the blood, but is destroyed by heating it to 131° F.

The author has also tested the constituents, particularly of the cell-free blood-serum, for supposed bactericide properties. It was shown that in such experiments an antagonism occurs between the nutritive and killing properties of the medium. Thus, in the cell-free serum of rabbit's and dog's blood, the bactericide action, which otherwise was continually demonstrable, was made to disappear completely, in favor of the nutritive action, by the addition of peptone.

Considering the fact that blood frozen and again thawed loses its bactericide action, the better nourishing properties restored through the destruction of the red blood corpuscles might have been brought into play. Cell-free serum, on the contrary, does not lose its action through freezing, but does lose it by being heated for half-hour to 131° F. To what constituent of the serum the bactericide properties must be attended, is still not clear. They are not destroyed by neutralizing the serum up to the point when it gives a faint acid reaction, nor by dilution with four times its volume of water. If, after repeated freezing and subsequent thawing, a layer of serum occurs, then the action seems to be preferably confined to the lowermost layers, perhaps as a property of the albumin of the serum which lies there. At all events, the bactericide action is to be regarded as a function of the *living* blood-serum.

Buchner was unable to demonstrate similar properties in the serum of oxen and of horses.—*Centralblatt für die med. Wissenschaften*, August 10, 1889.

Movement of Eyelids after Decapitation.

It is reported from Negaunee, Mich., under date of September 30, that a man fell between two freight cars on a moving train and his body was frightfully mangled, while his head was completely severed from the trunk, and lay several feet from the track.

A train hand picked up the head and was horror stricken to see the eyelids close and again open and partly close again. This was seen also by the engineer and the brakeman. All three were badly frightened. This sign of consciousness was given several minutes after the head was severed from the body. The three witnesses are said to be reliable men, and it would be interesting to know the exact facts of the case and the explanation of what seems impossible from a physiological standpoint. It is certainly contrary to the observations of Dr. Loye on death by decapitation, as explained in his book reviewed in the REPORTER, June 1, 1889.

Music as a Medicine.

In an able article on music in *Science*, Oct. 11, 1889, Major J. W. Powell, says:

Disease and wounds and pain and death were the heritage of the early man. Whence these evils came he knew not; why they came he could not tell. How they were to be driven away was the enigma of all savage thought. Through an illogical philosophy, the origin of which is a long and strange story, he came to believe that diseases were living beings; that toothache is the pain wrought by the gnawing mythic worms; that the cough is caused by mythic insects; that headache is caused by invisible mythic ants; and that all diseases and all pains are produced by these mythic agencies. And he tried to drive them away by shrill shrieks, by mad howling, and by horrid imprecation. Then he sought to gain the aid of the friendly spirits of the world,—the good mythic beings. To him the rhythm of the dance and the chant was the language of joy. So he sought to woo these friendly spirits by using this language of joy; and, when wearied with his own efforts at driving away the maleficent spirits, he turned to the dance and the chant, and with them called for the beneficent spirits. In this manner the sylvan man came gradually to believe in the direct efficacy of dance and music as a medicinal agency. Dance and music are the quinine and calomel of the savage,—the "water-cure," the "faith-cure," the "blue-glass cure," the "mind-cure," the "Christian-science cure" the "youth-restoring elixir," the panacea for all human ills. When the poor diseased people recovered, the joy of recovery became associated with music. The welcome to health and companionship which the poor invalid received was given in dance and music.

NEWS.

—Dr. J. Madison Taylor has removed to 1504 Pine St., Philadelphia.

—Dr. Hirst has removed to 248 South Seventeenth St., Philadelphia.

—The Dominion Department of Agriculture has been advised of the arrival at Deptford, England, from New York, of another cargo of animals infected with pleuro-pneumonia.

—Dr. Carl Koller, who has achieved such world-wide renown in the discovery of the application of Cocaine as a local anæsthetic has been appointed Instructor in Ophthalmology at the New York Polyclinic.

—Professor Virchow telegraphs from Berlin that the Organizing Committee of the Tenth International Medical Congress has been constituted by the election of himself President, and Dr. Lasar Secretary General.

—On October 14, Dr. W. E. Hughes and Dr. J. M. Anders were elected to fill the vacancies in the staff of the Philadelphia Hospital (Blockley) caused by the death of Dr. E. T. Bruen and the resignation of Dr. Wm. Osler.

—A company is putting down a shaft into Grand Avenue Cave, four miles from Mammoth Cave, for the purpose of bringing up the air and putting it into the rooms of a large hotel which they propose to build, both as a pleasure-resort and sanitarium.

—Diphtheria in malignant form is prevalent in Gallitzin, Pa. During the last three weeks the deaths have averaged three or four daily, and at least fifty cases are reported in the town. Four families, with six or seven little ones each one month ago, were said, October 15, to be childless.

—As Dr. Hosmer A. Johnson was making out a deposit ticket in the First National Bank, in Chicago, October 14, a thief grabbed his money and ran. The thief was caught, and refused to give his name. He said he took the money because he had a wife and child starving to death.

—A prominent member of an Indian tribe who claimed to be a doctor was killed lately. Things had not been going well with the Indians for some time, and the doctor was regarded as culpable for it, and at a meeting of the tribe four men were appointed to execute him; which they duly did.

—Dr. D. W. Harrington, 55 years of age, in Lockport, New York, Oct. 11, from dose of morphine. Dr. Harrington was graduated at the Medical Department of the University of Buffalo, in 1871. He leaves a wife and son, Rev. Frank P. Harrington, Chaplain of Deveaux College, at Suspension Bridge.

—The suit of Dr. Frost, of Baltimore, against Dr. John L. Seitz, of Harrisburg, mentioned in the REPORTER, October 19, ended October 15, as it was shown that Dr. Seitz merely acted as a promotor for Dr. Frost by agreeing to introduce him to one hundred Harrisburg families. This was substantiated by affidavit, and the court dissolved the injunction.

—In Philadelphia a committee of residents of Germantown advocated, before City Councils' Water Committee, October 15, a better supply of water, both in quality and quantity, for that district. The Germantown citizens asked for the adoption of a plan that contemplates the erection of a new reservoir at Shawmont, at a cost of $500,000, and the introduction of filters to purify the water.

—The seventh annual meeting of the Ohio State Sanitary Association will be held in Dayton, Ohio, November 21 and 22, 1889. The President is D. H. Beckwith, M. D., of Cleveland, and the Secretary R. Harvey Reed, M. D., of Mansfield, Ohio; their headquarters will be at the Beckel House. All persons interested in having and maintaining good health are invited to attend the sessions of the Association.

—Among recent appointments of Johns Hopkins men are B. Meade Bolton (assistant, 1887–88), director of the Department of Bacteriology in the Hoagland Laboratory, Brooklyn, N. Y.; William H. Howell (Ph. D., 1884, and associate professor), lecturer on physiology in the University of Michigan; Henry Sewall (Ph. D., 1879, and recently professor in the University of Michigan), professor of physiology in the College of Physicians and Surgeons, Baltimore.

—Dr. Charles L. Weed, a well-known oculist of Philadelphia, died October 15, 1889, at the age of 32 years, of heart disease, after an illness of three months. He was graduated from Jefferson Medical College in 1883, since which time he has been prominently identified with specialists on the eye and ear. Dr. Weed was, until his death, chief of the eye department of the German Hospital, and had charge of a similar department of the John B. Stetson Dispensary. In his profession he was the associate of Dr. Charles S. Turnbull.

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CLINICAL LECTURES.

CHOREA.—PARALYSIS OF ANTERIOR TIBIAL NERVE.

BY HENRY M. LYMAN, M. D.,
CHICAGO.

PROFESSOR OF PHYSIOLOGY AND DISEASES OF THE NERVOUS SYSTEM, RUSH MEDICAL COLLEGE, CHICAGO, ILL.

Chorea.

Gentlemen: The first patient I present to you this afternoon is 19 years of age, and from the mother we gather the following: His father is living, but has been suffering from rheumatism for fifteen years, being first attacked when 35 years of age. His state of health before that was good. This young man was attacked with rheumatism in the joints two years ago, and was compelled to stay in bed for three months. He then got up, went to work and worked four months, when the disease returned. The second attack was so severe that it was hard work for him to get about, being able to walk a little, but not much. It took him more than three months to get over the second attack, and he has not been well since that time. Now, this boy is the son of a father who has been suffering with rheumatism more or less for the last fifteen years. Two years ago he was attacked with rheumatism in the joints, which was followed by swelling of the joints, tenderness, and more or less debility, lasting for a number of months. He seems to have recovered from the first attack and was about for a time, when a second attack occurred from which we are told he only partially recovered at the end of three months. Ever since the patient has been in a debilitated condition, with incapacity for locomotion and active exertion. About four months ago he manifested a new series of symptoms. He began to move and turn the fingers little by little, and this gradually increased. About this time he had a fuss with his companions, after which he grew nervous, the agitation of the fingers growing worse. The mental excitement consequent upon a little unpleasantness with some of his companions developed these nervous, jerky movements which you see. Four months ago he could not walk very well; he felt dizzy, and in some instances would fall. You notice the involuuntary jerk in his leg, arm or foot, from time to time, showing a disturbance of the nervo-muscular apparatus. His mother thinks he is growing worse. She tells us that things drop out of his hands, and that the right hand is worse than the left. We will ask him to hold a glass of water with the right hand. You notice the awkwardness with which he holds it. As he changes the glass from the right to the left hand you observe there is a jerk of the head and neck; he seems to move the whole body. We also learn that there is some difficulty in his speech; that he cannot speak as clearly and distinctly as he used to, and it is gradually growing worse. He sleeps fairly well, but towards morning wakes up, throws himself around in bed, and is more restless than he should be. In the mornings he is cross; nothing satisfies him. After the first hour he feels better. Observe also the expression of his countenance—that is worth fixing in your minds.

Can any of you from this history give me a diagnosis of this case? What shall we call this disorder? I am not surprised that you hesitate; the visible phenomena are not as distinct in this as in many cases of the disease. It is a case of *chorea*, and a very interesting one it is in many points of view. It is not interesting as a specimen of the peculiar movements of chorea,—that is true. It is a very easy thing to make a diagnosis where you have a typical case of choreic movement, but there are cases of chorea in which the movements are not so conspicuous, but in which other phenomena are more prominent, and this is one of them. In the first place, the connection between the disease and rheumatism is marked. I told you that he has been suffering with rheumatism for two years, after which symptoms of chorea manifested themselves. This shows very distinctly the relationship which we so frequently discover between chorea and ordinary rheumatism; so much so that chorea is by many writers ranked as a sequela of rheumatism. Another point is the fact that one side of the body suffers more than the other; and in this case it is the right side. He handles any article that you give to him better with the left than with the right hand. That illustrates the tendency of the disease to be one-sided. The disorder is sometimes met with affecting one side only of the body—a hand or arm will be in a state of movement and incapacitated for use, while the corresponding member is in good condition: a hemichorea. Then, again, you notice that the jerk is one of the evidences of a tendency to irregular movement in this case. Another fact worthy of your notice is the debility and incapacity for use of the limbs on one side more than on the other, which exists here in a marked degree. This is true of certain cases of chorea; the paretic condition of the muscles is a marked feature of the disorder; so much so in young children that when you find what is called partial paralysis involving one or more of the limbs of the patient without any apparent reason for it, you should suspect the existence of chorea; what is sometimes spoken of as the paralytic form of the disease in contradistinction to the jactitatory form of the disorder where the ordinary movements are so conspicuous as to enable us to make a diagnosis at once. This resembles in that respect those cases of paralytic chorea.

I desire to call your attention to another feature of the case,—the effect that is sometimes experienced by the brain. Chorea is a disorder which manifests itself conspicuously in the muscles of locomotion and of movement. It is the fact in the majority of instances, however, that it is not the spinal cord and the muscles connected with the spinal centers alone that suffer, but the muscles of expression are affected; those muscles that are connected with the brain through the facial nerve are involved to a very great extent in many of the cases, and as a consequence of the enfeeblement of the facial nerve and of the muscles connected with it, there is a loss of the natural expression of countenance. The patient seems dejected, debilitated, or apathetic, or has even a silly expression of countenance, and if you converse with him you not infrequently discover a corresponding debility in the mental processes. He no longer exhibits that mental vigor which is characteristic of health, and sometimes there is such a grave departure from the normal standard that he is almost insane for the time being, under the influence of the cerebral weakness which comes as a part of the disease.

Now, these tendencies are strikingly illustrated in the case before you. The expression of the patient, the history the mother gives of mental disturbance occurring during the morning hours rather than at other times of the day, are proof of this. In the morning when the patient awakens, somewhat debilitated, a number of hours having passed without anything to eat, where there is defective digestion and nutrition, you will find him complaining bitterly of bad feelings, uneasiness, peculiar sensations; he is fretful and cross. This fretfulness and wearisomeness and the general bad feeling continue until the child has had something to eat and has digested his food sufficiently to be renewing the stream of nutrition that is required for the sustentation of the brain.

With regard now to the treatment of such a case as this. The treatment should be two-fold. It should be directed towards the symptoms of the disease itself, and also towards the predisposition which exists and is dependent upon defective nutrition, especially with reference to the rheumatic diathesis. As far as the treatment of the jactitation is concerned, very little is necessary, as there is not much of it. The thing that is most important here is to build up the patient, increase the integrity and functional capacity of his brain and spinal cord generally. That can best be accomplished by the administration of arsenic and tonics, cod-liver oil, a nutritious diet, milk, cream, and butter in abundance. All these things must be administered for a long period of time. Where the patient fails to respond in three months to that course of treatment, or does not improve, it is well to add strychnia to the treatment. Chronic cases after having been treated in the manner indicated will begin to improve much more rapidly if you add small doses of strychnia to the medicine. In a case like this it would be well to commence with the fortieth of a grain of strychnia, three times a day, and increase it to the twentieth of a grain, if necessary. You do this for its tonic effect. Instead of increasing the jactitation in the chronic cases, it gives more steadiness to the muscles. Chorea is a disease of debility, and anything that increases the vigor will steady the nerves of the patient, and this is what you do when you administer a drug like strychnia. It increases the vigor of the spinal cord and brain. In addition, the patient should be given quinine, iron, etc. He should go out in the open air a good deal, and should be warmly clad. Generally in those cases, where there is a tendency to the establishment of chronic rheumatism, or relapse, the treatment I have indicated is the treatment that may possibly prevent these relapses.

You will find in the treatment of chronic rheumatism that cod-liver oil is one of the most useful remedies that can be given to obviate the tendency to recurrence of the rheumatic paroxysms.

The question arises in this case, whether the heart is diseased. I find after examination no evidence of disease of the heart; though it is a common thing in chorea to meet with valvular disease of the heart. Little varicose nodules form upon the margins of the valves of the heart, these are sometimes detached, and emboli are washed by the current of blood into the smaller arteries of the brain and serve to produce thrombosis there. The interruptions of the circulation in the brain sometimes occur to such an extent that some writers have thought this to be the cause of chorea. But there are many cases in which the cerebral disturbance is not so marked as in this case, and in which there is no disease of the heart. The heart here is not affected, consequently there can be no plugging of vessels in the brain from embolic fragments derived from the valves of the heart. The disease is part of a disease of the general system and is consequent upon the direct effect of the poisonous blood upon the brain and of the nerve centers generally.

Acute Chorea.

The second patient I show you presents the features of a case of acute chorea. It is impossible for the patient to keep his hands still. His shoulders shrug, his fingers twitch, and his mouth is more or less distorted from time to time, showing plainly the involuntary movements of the muscles. The patient, a boy 10 years of age, has been troubled this way for about three weeks. Children between the ages of seven and twelve are the children most frequently brought to our clinic with this disorder. He was attacked about the time that the public schools commenced, and had had no sickness previous to that. We have no history of lameness, stiffness, or of rheumatism. There are no evidences of cardiac disease beyond a rapid, violent beat of the heart.

As a general thing acute chorea lasts for two months or more. The general average of a large number of cases collected by different observers is something over sixty days. Between sixty and seventy days is the usual duration for cases of chorea. Some of them recover in much less time than that; while other cases of the disease continue for a longer period of time, and occasionally we meet with cases that remain permanent. But the vast majority get well after such a uniform period that we feel disposed oftentimes to look upon the disease as self-limited.

So varied are the modes of treatment in vogue—with about the same result—that we are tempted to believe sometimes that treatment has but little effect upon the duration of the disease. I do not know but that this is a fact. Nevertheless you should not on that account neglect treatment; for it is very necessary, and the reason lies in the predisposition of the patient. In the other patient there was a predisposition to rheumatism. In a very large proportion of cases there is some hereditary defect; the children are members of families in which consumption, rheumatism, or some of the evidences of constitutional weakness or predisposition to the disease are met with. Now and then this condition of the bodily tissues and organs demands your careful attention as physicians. You should therefore pay particular attention to the building up of the system by giving tonics and restoratives that will make the child permanently stronger; in that way you will do the patient a great deal of good.

I should advise that the child before us be given Fowler's solution in full doses, and along with it iron and quinine, and a good diet. The child seems to be tolerably well nourished; so it will not be necessary to resort to oils, but certainly the mineral and vegetable tonics should be given.

With regard to the dose that may be given: large doses are the rule. Four drops of Fowler's solution are an ordinary dose of the drug. You may begin with four drops of the drug with a child of this age. They tolerate the remedy very well indeed; then you may increase it to 15, 20, 25, or even 30 drops. You should examine the patient every day or two in order to ascertain whether any symptoms of poisoning are apparent. If you see redness or puffiness of the lids and other symptoms of irritation manifesting themselves, you should cease to advance with the drug. But it is remarkable how tolerant these patients are of this medicine. You may give the drug in this way for a number of weeks with advantage. Do not be alarmed at a discoloration of the skin which sometimes takes place in cases of this kind. I hope we shall have an opportunity of showing you the effect of that during the winter—a peculiar discoloration of the skin that follows the use of Fowler's solution. It is transitory, and it does no harm, and the benefit to the nutrition of the patient is so correspondingly marked as to justify such large doses.

Paralysis of the Anterior Tibial Nerve.

This patient, two weeks before the development of the disorder which we find, had rheumatism involving some territory in the right side of his body, but not apparently implicating the head or thighs as near as we can learn. It then shifted itself so that he could not place one leg up over the other. He could not extend the foot, and that paretic condition of the muscles of the leg has remained ever since. Standing in front of him we notice the muscles of the left leg are not as large as those in the right. There is not much difference in the firmness of the muscles on either side. Extension of the toes is imperfectly performed. The extensor muscles of the toes are partially paralyzed. When he walks, the toes drag, because he cannot extend them in such a way as to catch them up, consequently he has to move the whole thigh in order to get the leg up high enough to prevent the foot from dragging and the toe from catching. It is by no means a paralysis of the whole side, so far as the movement of the hip and knee-joints is concerned; it is that form consequent upon inability to raise the toes sufficient to give freedom to locomotion.

The paralysis is one which involves those muscles upon the anterior aspect of the leg and foot. Now the question is: What has caused that paralysis? It is not a paralysis involving the whole trunk of the nerves. The nerves involved are derived from the sciatic nerve trunk, but the branches of the sciatic nerve that are distributed to the muscles above the knee are all perfect in their function; there is no failure of muscular contraction above the knee, so that it is not a paralysis of the whole trunk that has taken place. It is, therefore, a case of peripheral disease of an inflammatory character, involving the anterior tibial nerve. It is not the result of injury, or of any local disorder, as we have no history of either. And on feeling the parts we do not discover any evidence of present tenderness in the muscles, or in the sciatic nerve trunk. It is a peripheral disorder of this particular branch.

When you have a peripheral disorder of this kind, that cannot be referred directly to injury, you must look for some constitutional cause. In the majority of cases the constitutional causes that operate to produce such inflammation (when you exclude traumatism) are rheumatism and alcohol. You may have it as a consequence of the action of other poisons in the system. A local inflammation or paralysis may occur as a consequence of diphtheria, measles, typhoid fever, small-pox—all these exanthematous diseases may be followed by peripheral disorders of this kind; but there is no history of the kind here. There is, however, a history of rheumatism. The patient has rheumatic pains in other parts of his body, these pains shift their locality from time to time, and the suddenness of onset also marks the rheumatic substratum of the disorder; so that we must have here a rheumatic inflammation of the branches of the nerves distributed to the muscles that extend the foot. There is one thing to be taken into consideration in connection with this also, namely, that there may be a concurrent effect produced by the habits of the patient. We learn that this man is in the habit of taking a glass of distilled spirits of some kind every day, and has been doing so for a long period. This might create a predisposition to inflammation of the peripheral nerves. Many patients who indulge in this way for a long period of time suffer a great deal of pain, and sometimes paralysis is more or less complete. This used to be spoken of as rheumatism, but we have now learned to identify such symptoms with the consequences of alcoholic indulgence and as one of the features of chronic alcoholism. In short, I am a little suspicious that in this case we have to deal with that, as well as with a rheumatic diathesis.

The treatment should consist in the withdrawal of all alcohol. In the majority of alcoholics the withdrawal of alcohol is followed by recovery in the course of a few months at the furthest. Where there is rheumatic inflammation, it is necessary to resort to the ordinary treatment for rheumatism. We must reform the habits of the patient in the matter of drink, and give him salicylate of sodium. It would be well to give half a drachm of the salicylate of sodium, every three hours, so that he will get two and a half or three drachms in the course of a day, until symptoms of intoxication are produced with the drug; then the frequency of the dose can be diminished, giving it three times a day. As soon as the pain is relieved you can cease the administration of salicylate; but it would be well to give him—for two weeks at least—tonic doses of iodide of potassium and guaiac, to prevent relapse.

For the relief of the paretic condition of the muscles electrical treatment should be employed. The Faradic battery is the one that you should use in such a case as this. Apply a current to the muscles of sufficient strength to produce muscular contraction, and no more. Do not cramp the muscles, but give the electricity in such a manner that you will see the muscles twitch in response to the current. When you reach that point allow the current to pass over (five minutes at a time) the affected muscles. At the end of that time stop the application. If the patient is so situated that you can get at him, you should treat him three times a day, but in ordinary Dispensary practice you cannot do it more than once a day.

533 West Adams St.

CATARRHAL JAUNDICE.—LEAD POISONING.—TYPHOID FEVER.

Delivered at the Pennsylvania Hospital

BY ARTHUR V. MEIGS, M. D.,

VISITING PHYSICIAN TO THE PENNSYLVANIA HOSPITAL.

Catarrhal Jaundice.

Gentlemen: This patient was admitted two days ago. He is 24 years of age, single, born in Germany and has been three months in America. He is employed in a morocco factory. His family history is good. He does not use tobacco nor whiskey. He had an attack of pneumonia when ten years of age, and another at 18; he had scarlet fever at 12. His present attack began four days before admission with vomiting, diarrhœa, and chilly sensations, but without distinct chill. Two days later, he noticed that he was becoming yellow. He had no cough, but suffered with pain in the abdomen during this time. On admission his temperature was 97°, his pulse 52, his respiration 24. His tongue was pale and clean. I show you here his urine, which is rather high colored, but otherwise not unnatural in appearance. I will test it, to see if it gives the reaction for bile. I place some urine on this plate, and add a little nitric acid. I allow the acid and urine to gradually mingle, and you can now see a slight prismatic play of colors. We do not see this in normal urine.

To-day his tongue is moist and not tremulous. His conjunctivæ are quite deeply tinged with yellow. There is also some slight yellowish tinge under the tongue. His skin over the whole body shows the same greenish or deep-yellow color. Proceeding now to make a physical examination, I notice two things in connection with his heart. In the first place its action is very slow. Yesterday while resting quietly in bed his pulse was 44, and to-day it is the same; there is besides at the apex a faint, flowing systolic murmur, but as the heart sounds are clear and their rhythm natural, I judge that this is merely a so-called "anemic murmur," heard frequently in those whose blood is poor in quality. Anteriorly the percussion resonance is good and equal on the two sides. The respiratory sounds are also good, with clear vesicular expansion, which is equal on the two sides. Posteriorly, following my usual plan of percussing, I find the resonance normal in the three regions in which I percuss. We do not catch the clear sound heard in front because of the thick muscular tissues covering the back. The liver dulness in the nipple line should commence at the sixth rib and extend to the costal edge, a distance of four inches. Here, however, the dulness begins in the fourth interspace, or slightly at the fourth rib, nearly one inch too high. This cannot be due to a consolidation of the lung, as I have excluded the presence of any lung trouble. The dulness extends one and a half inches below the border of the ribs. I should say, therefore, that the liver is enlarged, though, I cannot feel it on palpation. The splenic dulness is completely marked by tympany. Yesterday, I thought there was some enlargement of the spleen, and it would be likely to be so, as in these cases with depression and slow pulse the spleen is apt to be swollen, for then the internal organs are congested, and the blood is apt to stagnate in them.

Now, what is the matter with this man? I should say that since his admission he has had no diarrhœa; in fact, he has had but one movement of his bowels since then, and his stool was white in color. Ever since his admission, he has had a subnormal temperature. Now, his jaundice might be due to serious disease of the liver, or to some obstruction of the bile-ducts, a catarrhal condition existing there. This latter, I believe it to be, a plugging of the gall ducts by a catarrhal inflammation. The prognosis in such a case is good. In regard to treatment, we have given him the one-sixth of a grain of calomel with five grains of bicarbonate of soda every two hours, to deplete his portal circulation. We will continue this for a few days, and then give him some dilute nitro-muriatic acid to stimulate his liver, ten minims three times a day. In the course of a few days he probably will recover.

Lead Poisoning.

The next patient I shall show you was admitted on the ninth of October. He is 52 years of age, single, born in Ireland, and has been seven years in this country. He has been constantly employed in a paint factory up to six days before his admission, when he was compelled to stop work. His family history is good. He uses whiskey and tobacco habitually. He is complaining of cramp in his belly, constipation and some giddiness. His tongue is pale and tremulous. His temperature on admission was 97⅙°.

Now, what have we here? The history of the case leads us to nothing, except that he is accustomed to the use of whiskey. At present he is constipated and suffering with belly-ache. He says that twice before he had a similar attack. He is rather pale; his pulse is good and natural; his arteries are somewhat atheromatous. He has worked in a paint factory for the past seven years where he was constantly handling lead. We must see if this has had any influence in the production of this trouble. In examining the gums we discover a distinct bluish line just above the teeth. The presence of this line depends largely on the patient's habits. If he is cleanly and uses his brush it is often absent. We must therefore distinguish the true line of chronic lead poisoning from that often found upon the deposits of tartar upon the teeth. This can be done by scraping the surface slightly, when if it is upon the teeth it will be removed. The blue in this case persists after scraping, and is therefore in the gum itself. There is another point I wish to call your attention to before sending the patient away. The belly in lead poisoning is said to be scaphoid, at times is so much so as to rest upon the spinal column. As a common thing I do not find this to be the case, and you can see that this man's belly is rather full. There is also marked tympany here, which is likewise said to be absent in this condition. If the poisoning has gone far one of the characteristics is a dropping of the wrist due to a partial paralysis of the extension of the hand. Frequently this cannot be seen, but if we test the strength of the muscles we can discover some weakness. This man is considerably stronger in the flexion of his hand than in the extension.

Chronic lead poisoning shows itself usually in one of four different forms. It appears either as lead colic or colica pictonum; as asthralgia or severe pains in the joints; as some form of paralysis, of which the wrist-drop is the most common; or lastly, it may appear as the so-called encephalopathy, where the patient is suddenly seized with convulsions arising from no apparent cause. The lesions here are nil, as in a case of simple epilepsy. These forms are said to be most common in the order I have given them. Tanquerel says that the asthralgic form is the second most common, but I have never seen but one case, while I have seen many of lead colic and paralysis and one of the encephalopathy. I should say, therefore, that this order does not hold true in this country, but that paralysis was the second most common form and asthralgia quite rare.

The symptoms of chronic plumbism are varied. In the first place the patient ordinarily is pale. Then the blue line is present on the gums. The pulse is sometimes said to be slow though this is not a marked feature. There is usually constipation. We must then take into consideration the sources of entrance of the poison into the system. There are some trades more liable than others to produce lead poisoning. Thus it is often found among photographers, and lapidaries, who are accustomed to use a leaden wheel in their work. It is common among painters and workers in white lead factories. Plumbers and gasfitters frequently suffer, and weavers also from the use of a leaden shuttle. Then printers from handling type, and workers in pottery are often victims. One of the worst cases I ever saw in this hospital was in a potter who handled the material used in glazing the vessels. File-makers and paper-hangers frequently suffer, and likewise tailors. I recall a severe case occurring in a tailor admitted to the hospital some time ago. Dr. Penrose, the resident at that time, on inquiry found that the man was in the habit of biting off his thread. On investigating the matter we learned that all of the common forms of black thread are weighted with lead, and this was the avenue through which the poison entered his system. The poisoning not uncommonly arises from the use of cosmetics, and from the drinking water which has been conveyed in leaden pipes. The water of the Schuylkill contains considerable sulphuric acid which produces a deposit of the insoluble sulphate of lead within the pipes thus rendering them innocuous. The purer the water, the greater danger there exists of lead poisoning.

The prognosis in chronic lead poisoning is bad under the conditions in which we usually find it. If we could remove the patients from the sources of poisoning we could cure our cases, but they almost always return to their trades, and in the course of time return suffering with a new attack. The prognosis, therefore, should be guarded.

In regard to the treatment there are three indications to be met. In the first place we must relieve the pain, which at times is exceedingly severe. Then, second, the extreme constipation must be treated, and thirdly we must give something to eliminate the lead from the system. We give opium for the first mentioned purpose, ten drops of laudanum every two hours, or the one-eighth of a grain of morphia two or three times a day or a hypodermic of one-sixth of a grain of morphia. We must avoid overdoing the matter so as not to produce narcosis. For the constipation, Epsom or Rochelle salts are sufficient, one-half ounce in the morning. There need be no haste in treating this condition. To eliminate the lead from the system the best remedy is the iodide of potassium. We have not given this to the man as yet. We shall give him to begin with five grains three times a day and follow later with some tonic, as iron.

Typhoid Fever.

This man is 26 years of age, a Candian, and a student of dentistry. He has been a teacher for the past four years, and has been four weeks in Philadelphia. His family history is good. He uses neither whiskey nor tobacco. His illness began one week before admission with fever, malaise, and diarrhœa. His tongue is dry, furred, brownish white in the center and red at the tip, and tremulous. There is no urinary disturbance. The heart, lung, and liver examination is negative. The spleen is marked by tympany. His belly, which is full, is covered with rose-colored spots which disappear on pressure. His complexion is fairly good. The diagnosis in this case is very easy. My reason for bringing the man before you was to show to you a typical exhibition of the rose-colored spots of typhoid fever. Murchison says that the number of spots is inversely proportionate to the severity of the case, but our observations are exactly opposite to his. I do not remember to have seen full eruption in a mild case. This man had a temperature of $104\frac{2}{5}^\circ$ on admission, and it has never fallen below $101\frac{3}{5}^\circ$, a quite high fever. He has no bronchitis, and is doing well.

In the case which I next bring before you, and which was admitted on the twenty-ninth of July, the diagnosis was very hard to make. The patient is a mulatto, and has had typhoid fever. In a negro the rose-colored spots are always absent, and his complexion is never the typical one of typhoid fever. I thought for a time he had some form of tuberculosis, especially as his lungs were seriously involved. He is now recovering, however, and is gaining flesh and strength. I bring him before you to show the long duration of his fever. You see the period of subnormal temperature he has passed through, and I would call your attention to the fact that a patient is by no means convalescent until the temperature after being subnormal rises again to the natural point and continues normal for at least several days.

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Sense of Taste in Criminals.—Dr. S. Ottolenghi, a pupil of Professor Lombroso, has studied the sense of taste in criminals compared with that of other individuals. He says that in criminals the sense of taste is manifestly weak relatively to that of ordinary individuals; there is, again, a difference less marked between occasional delinquents and those who are habitual or born delinquents. Female criminals have the sense of taste still more obtuse than men of the same category. The author concludes from these remarks that this diminution in the sense of taste in criminals depends on a defect in the cerebral cortex.

COMMUNICATIONS.

THERAPEUTICS, AND FALSE THEORIES.

Introductory Lecture at the University of Pennsylvania, October, 1889,

BY H. C. WOOD, M. D.,
PROFESSOR OF THERAPEUTICS.

Reported by J. Howe Adams, M. D.

Gentlemen: As we meet here for the first time I would put to you this question: "Why do you come here?" As intelligent men and students, you reply, "Because we wish to study medicine." But I persist, "Why do you wish to study medicine?" Again you reply, "Because we want to cure disease and relieve suffering." Ah! you have struck the keynote of the profession; without this apology for his existence, the physician has no right to be. Unless he can accomplish this result, he has no mission, no business in the busy world. Without therapeutics the physician is powerless to fulfill this purpose; hence to you as students this branch is all-important; it is imperative that you conquer its intricacies to reach that high position in the profession which you are all determined to hold.

Hence I feel that a little time spent in showing you how to study therapeutics will not be wasted, for it makes all the difference in the world as to the way in which we approach this branch, whether it is a pleasant, instructive task or a drudgery which becomes so irksome as to be almost imperatively shirked.

Firstly, sheer hard work is necessary at the outset; for you must learn many things which are arbitrary, which cannot be reasoned out. Learn first the classes of drugs and the meaning of their titles; then learn the individual drugs by heart. If necessary, write them on your wall and study them as you pace up and down your room. Then do not attempt to master the physiological action by rote; instead, study the symptoms of every remedy, especially when given in poisonous doses. You cannot reason these phenomena out; there is no necessity in our minds why opium in large doses should benumb mind and body; it is simply a fact, and only hard application is going to impress it on your memory. When you are perfectly familiar with the symptoms of a drug, then you must inquire, how does this remedy act to produce these results; experiments or experience have shown that there are a certain number of ways to effect this; now, which is it? You eliminate those ways which therapeutists have shown require different conditions to act, and by direct and indirect reasoning you reach certain conclusions. These conclusions form the physiological action of the particular drug under consideration.

This was not the way in which the science has always been pursued; it is a development of the century in which we live. How was it when the first man was sick? Undoubtedly he was attended professionally by the first woman and was given more or less relief. How did the old lady, for she was most likely old by this time, reason: Adam was sick, he had certain symptoms, I gave him an herb or root dug from the ground, or possibly some excreta from an animal; he got well, hence when Adam has that disease or those symptoms again, that drug or root or excreta will cure him. And the old lady jotted this fact down in her memory. Seeing the disease, giving the remedy, and getting the relief, was the natural outcome of such experience.

On these principles, therapeutics began to grow and develop into a so-called science. The motto of the therapeutics of that day was, if you will pardon my quoting Latin, "*Post hoc propter hoc.*" This idea is all wrong; it is most uncertain and fallacious. Adam may have recovered despite the remedy, or it may have done neither harm nor good, simply allowing nature to take its course. But this system of therapeutics was in vogue until 300 years ago. But the human mind is never satisfied with facts; it craves laws and broad, governing statements. In the search for leading principles, arose among other empiricisms, the "Doctrine of Signatures" which based the remedies for an organ on the resemblance which they bore to each other; for example, aloes in color, and faintly in outline, resembles the human liver; therefore aloes is of use in the diseases of the liver. It so happens that accidentally aloes by purging did good in liver-troubles. Therefore the disciples of this doctrine declared the principle to contain the true secret of therapeutics; and so for a time this theory prevailed in the medical world; simply because an accidental fact was confused with a consequential fact.

It will be necessary for me to waste a few words and a little time—for I consider it wasted—on the only one false doctrine which has come down to the present day. Hahnemann gave to the world three great laws on which he based all medical treatment:

1. Chronic disease is due to a certain humor in the blood, which finds its truest expression in the very prevalent disease called scabies or "itch." The invention of the microscope put to flight forever this part of his theory, by showing the small animal which is the cause of trouble in this complaint.

2. The dying doctrine of the infinitesimal dose. This idea is generally misunderstood by the laity; it is not that certain substances act in minute doses on the human system; for I could take drugs of which I need place only the smallest fragment on the tip of a knife-blade and yet they would kill. The doctrine is that substances which are inert in large quantities are all-powerful when triturated and divided into the one-thousandth or ten-thousandth part of an ordinarily small dose. For example, take chalk, which in large doses has no effect on the human organism; divide it and subdivide it until the chemist can find no trace of it and the spectrum reveals no evidence of its presence; then the true disciple of Hahnemann says chalk is all potent to cure and arrest disease. In fact it may become so powerful by subdivision that it may kill, instead of curing. Shaking the drug too much may release the latent strength to such a degree that again it may be capable of disastrous results; which may be a solace and explanation to many a homœopathic practitioner.

I remember a student I had many years ago, who complained that his family were homœopaths and were constantly tormenting him to study in that school. I said, "Why didn't you then?" "Well," he replied, "I was going to, when one day I was talking to our family physician, who was of course a homœopath, and he pulled out of his pocket a small vial and holding it up, said: 'When I began to practice medicine I put in that bottle one-quarter of a grain of mercury and filled it up with sugar of milk; as fast as the vial became empty I refilled it with sugar of milk until now it is fairly alive with the spirit of healing.' That disgusted me with homœopathy, and I came here."

3. "Similia similibus curantur." This means, that when a disease offers certain symptoms, that remedy is indicated in small

doses, which in large doses would produce a similar condition. This was not new doctrine with Hahnemann; it is as old as Hippocrates, and in its survival shows it possesses some elements of truth. But the "Father of Lies" rolls as a sweetest morsel under his tongue that falsehood, gilded with just enough truth to pass for real gold to the public.

A law of nature allows of no exceptions; if gravity draws objects to the earth at one point and repels them at another, then we can claim that the so-called law of gravitation is false and no law at all. So with this third principle of Hahnemann. If there are exceptions, it becomes no law, but merely a number of coincidences. Let us take an example, ipecac, for instance. This drug in large doses is a powerful emetic, in small doses it serves under certain conditions to quiet the stomach. The disciples of this dogma then declare "Great is homœopathy and Hahnemann is its prophet!" But let us take up the converse of this proposition "*Dissimilia dissimilibus curantur*" and use the drug opium. Now it is well known that opium in large doses deadens and subdues the stomach; given in small doses it quiets and controls in the same way the vomiting stomach; hence the disciples of this theory claim its application to everything in medicine. These are but samples taken hurriedly from the great mass of facts gathered on the subject.

In the first place symptoms are but the surface planes of disease, which mark but imperfectly the deep currents which run beneath. Let us take again the same drug, ipecac, and give it to an irritated stomach which is vomiting because of the myriad of impulses thrown out from it. Ipecac makes the symptoms worse. In the former case, the drug restored a lost tone to the organ, while in the latter case it was but fuel added to the fire. There is no law here. As I have said, it is simply a set of coincidences.

One word as to what you shall call yourselves. According to the world medicine is divided into "old school" or allopaths, homœopaths, eclectics, down to the rabble of faith-cures and Christian Science. There is no such division, and cursed be the physician who acknowledges "schools." There are but two bodies in the field of medicine—physicians and the "paths." Try to make the public understand this; if you must have some name, let it be that of a "common-sense doctor," who, brought face to face with the problem of life and death, is willing to save life in any way; who acknowledges no boundaries, no sects, no school; but who searches heaven and earth to find means to relieve suffering and cure disease.

Why homœopathy has so many followers, I have shown in an address before Yale College last spring. You will be supplied with copies possibly during the winter. Undoubtedly Hahnemann was a great benefactor to the medical profession not because of his theories, but for the accidental results which followed their application. The profession learned that disease was not always to be *fought*. Up to this time it had been treated like the seven devils of the Scriptures. It was to be cast out at any cost. The patient was bled, blistered, and purged until it grew too hot for the demon of disease to stay in the tortured body. By the action of this German theorist, who left the course of the disease practically unaffected, it was learned that a large proportion of acute sickness tends to recovery, unaided by the action of the medicinal forces called drugs. In consequence, there arose in Vienna a school of therapeutic nihilists, who believed that we have no power over disease; that it is necessary to leave everything to Nature. This was the reaction from the excessive and irrational use of drugs of the time; it had the practical import of giving the opportunity for the study of the natural history of disease.

Two important facts were brought to the attention of the profession by this Viennese school, namely,

1. That acute disease tends to recovery;
2. That it is impossible to abort its course.

Consequently you demand, What is the use or necessity of physicians in the care of such cases, if they are unable to effect the course in any way? Let me illustrate their use in acute complaints: the captain of a fast-flying ocean steamer sees in the distance over the tranquil blue water a small cloud the size of a man's hand; the mercury is falling in the barometer; and his practiced eye tells him that a cyclone is approaching. He cannot escape that storm; he cannot stay its course, but he makes taut the ship, reefs the sails, and stands ready for the blow. So with the physician; his mission is to guide his patient's course through the dangers of his sickness. He studies the ways in which the disease approaches, the methods by which it kills, and the injuries which it is apt to leave. Typhoid fever kills by exhaustion, by high fever, by diarrhœa, by lack of digestive power due to extensive ulceration; hence here are the danger-notes for the physician. At once he puts the typhoid patient to bed, to save that strength, the last grain of which may just be sufficient to hold together the bridge which is to carry the sick man over a yawning grave. He keeps the temperature down within safe limits; for fever burns out the vital fires most quickly in this dread trouble. He secures rest at night for the sick man, to prevent the exhausting vigils in the long hours which follow midnight. In every way the leaks are stopped which are carrying off the life-blood.

The term "indication" is a most important one in all medical discourse. I will define it for you: Indication is the pointing of Nature towards relief. The diarrhœa in typhoid fever is an indication for treatment. The term goes a great ways; for it implies use not only when it is easy to see but also when it may be most obscure. It requires sagacity to read the indications in every case.

By judgment, by common sense, we learn how to use the forces called drugs in the human economy. The doctor becomes a dynamical engineer, who is to drive the most complex forces in existence, whose interplay we call "Life," and whose perturbation is sickness. To our aid we call these outside forces which fall into the arrangement which we name "Therapeutics." Hence the physiological action of remedies is the study of what they do when brought in contact with healthy organisms.

So far as it goes, therapeutics is a science, but it is by no means perfected; let us not complain; for it is my belief that it is better to live in the age when discoveries are being made, than when the world's knowledge is cut and dried. Better to live while the fruit is ripening one by one, than when it lies rotting on the ground. It is necessary to supplement pure science by empiricism, that is, the therapeutics of experience. The difference between the old and new therapeutics is this: John is given a drug in the olden times, he gets well; the credit is given to the remedy; nowadays the action of the drug is doubted, until by repeated experiments in many similar cases its value is undisputed.

Therapeutics is imperfect, more through the deficiencies of the clinician and the pathologist than from the therapeutist's faults. Take the so-called specifics; how they act is largely a problem now; but as soon as the microscopist showed us the hematozoa in the blood in intermittent fever, we showed the world how quinine acted to perfect a cure. And we stand ready to do the same when the exact nature of syphilis and rheumatism is determined, for mercury and the salicylates.

COMPOUND COMPLICATED FRACTURE OF THE SKULL: THREE CASES.

BY G. M. HAMILTON, M. D.,

ASSISTANT SURGEON, STATE HOSPITAL FOR INJURED PERSONS OF THE ANTHRACITE REGIONS OF PENNSYLVANIA.

Case 1. S. S., a miner, 21 years old, was admitted June 26, with a compound, complicated fracture of the skull, caused by a heavy fall of coal in the mines. The fracture extended from above and to the right of the occipital protuberance across the median line below. There was so much compression that it was not necessary to anæsthetize the patient for the operation of trephining. After the fragments were removed, there was an opening in the skull, one and one-half inches wide by two and one-half long, through which the lacerated membranes and brain could be thoroughly inspected and cleansed. The dura-mater had been detached from the bone, in the vicinity of the wound, by the force of the blow, and portions of the patient's hat, small pieces of coal and other foreign matter had been forced down between the membrane and bone. These substances were carefully removed, good drainage was provided, the wound closed, and a bichloride dressing was applied. All signs of compression disappeared in a few hours. On the third day the temperature was 100.4°; but it soon began to decline, and three days later it was normal. The patient was discharged July 31, and is now again at work in the mines.

Case 2. W. H., of Ashland, 16 years old, was brought to the hospital on the night of July 3, with a compound, complicated fracture of the skull, the result of the explosion of a "gas-pipe cannon." The wound in the soft structures extended transversely across the forehead, immediately above the supra-orbital ridge, from the median line to within an inch of the right ear. The bone was fractured through the frontal sinus, both the outer and inner walls being crushed and driven in upon the membranes, which together with the brain were extensively lacerated. The trephine was applied and fragments of bone and injured brain matter were removed, the wound sutured and dressed with the usual antiseptic precautions. On the morning of the second day, the temperature was 102°. Upon examination of the wound, the drainage-tube was found to be occluded by a further separation of brain tissue, and the skin to be somewhat tense from retained wound secretions. A new drainage-tube was substituted and the temperature almost immediately began to decline, reaching normal the morning of sixth day. This patient was discharged August 24.

Case 3. L. B., a miner, 22 years old, admitted July 6, with compound complicated fracture of the skull, involving the temporal and adjoining portions of the parietal, sphenoid, and occipital bones on the left side. This injury was also caused by a fall of coal. The patient when admitted had very grave symptoms of compression, and to relieve this, it was necessary to remove the greater part of the temporal bone—that portion only being left which contains the carotid canal. The membranes and brain were greatly injured, but the most dangerous complication was a wound of the lateral sinus, near the point where it terminates in the internal jugular vein. The fragments of bone were wedged in in such a manner as to prevent fatal hemorrhage at the time of the accident. When they were removed, the hemorrhage became so profuse as to threaten immediate death of the patient; but it was controlled by means of a graduated aseptic compress. This compress was removed at the end of seventy-two hours, and the wound was allowed to granulate. The patient is now walking about the hospital almost well enough to be discharged. On account of the removal of the temporal bone, there is, of course, permanent paralysis of the muscles supplied by the seventh nerve and complete loss of hearing on the injured side.

These three cases represent a class of fractures treated in large numbers at this institution, and the good results obtained are mainly due, in my opinion, to the operative treatment at the time of admission; to the free use of the trephine and elevator; and, of course, to a strict adherence to the principles of antiseptic surgery. Sometimes, it is true, the fragments can be removed by means of the elevator alone, but even in these cases, Dr. Biddle considers it good, and if there is injury to the membranes and brain, necessary treatment—where it can be done—to enlarge the opening in every direction until he has a solid margin all around, with healthy membrane attached beneath. This gives a chance for free drainage and reduces to a minimum the dangers of secretions becoming diffused between the membrane and the bone. No matter how large an opening is made, all bone that is likely to become a source of irritation must be removed, and the sooner it is done, the better will be the chances of recovery.

The cases just reported were operated upon in this manner by Dr. Biddle, assisted by Dr. C. A. Dundore and myself, and in none did there develop any symptoms of meningitis, other than of strictly local character. The comparatively high temperature of *Case 2* was not due to meningitis, but to the retained secretions, as was proven by the rapid fall after re-establishing drainage.

OBSERVATIONS ON THE THERAPEUTICAL EFFECT OF THE VIOLET END OF THE SPECTRUM ON VISION.[1]

BY G. LINDSAY JOHNSON, M. A., B. S., F. R. C. S.,
LONDON, ENGLAND.

In a case of retinitis accompanied by partial retinal detachment in which I had prescribed the constant use of blue glasses, I noticed an evident increase in the visual field and a corresponding improvement in vision, it occurred to me that if this improvement in vision was caused by a blue glass, which admitted more or less of the red end of the spectrum because fitted to frames which allowed a considerable amount of daylight to reach the eye, the uninterrupted and exclusive action of the blue end of the spectrum might produce a more favorable result still. After examining and preparing a very large number of colored glasses and solutions, I succeeded in obtaining a glass which absorbed all the spectrum except the red and a portion of the orange, as well as one which cut off all the red, orange and yellow rays to within ten degrees of the E line. This latter I termed "Spectrum blue," being the nearest approach to a theoretical blue that I could get by art, while the former I call "Spectrum red." Previous to obtaining the spectrum blue glass I devised a pair of goggles, in which the glass was replaced by a trough made by fitting two thin circular plates of glass into a ring and having their surfaces parallel and at 3½ millimeters apart. This trough was filled with a solution of ammonio-sulphate of copper. This form of glass had to be abandoned, however, owing to the bleaching action of light on the solution. The spectrum blue glass above mentioned, on the other hand, formed a perfect substitute.

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[1] Abstract of paper read at the Opthalmological Section of the Leeds meeting of the British Medical Association. Prepared for the MEDICAL AND SURGICAL REPORTER by the author.

Carefully worked pieces of this glass were fitted into spectacle frame goggles which fit so close around the orbit that no light could possibly enter which did not pass through the glass. For ventilation the sides of the cups were made of two thicknesses of finest wire gauze, enclosing one of fine crape. The patients were instructed to fit on the spectacles the instant they awoke in the morning, after bathing the eyes and before putting up the blind, and to refrain from removing them until they retired to rest at night.

During the past three years a great number of patients have been treated with the spectrum blue glasses in the above way. Of the various eye diseases so treated, detached retina, optic neuritis and neuroretinitis afforded the most satisfactory results. In nearly every case of detached retina the field of vision was largely increased, although in only four cases out of about thirty treated was the retina actually seen to have returned to its position. In every case of neuroretinitis due to temporary causes the vision returned rapidly after a few days, although in some cases the vision had been declining or stationary for weeks previously. I find that cases which can be benefited by the use of the glasses show improvement as a rule within three days, and if no improvement shows itself at the end of a week, none may be expected. Very few cases of relapse in detached retina have been noticed, even after the glasses have been ultimately discontinued.

REPORTS OF CLINICS.

BELLEVUE HOSPITAL.

MEDICAL CLINIC—PROF. A. L. LOOMIS.

October 15, 1889.

Typhoid Fever.

The first patient shown by Dr. Loomis was a man 24 years old, in perfect health up to 8 days ago, when he was suddenly attacked with six or seven chills, fever, headache and vomiting. The day before this, he was at work and suffered from no malaise or diarrhœa or headache. The first day of his illness he acknowledges some looseness of the bowels, but he declares they have been regular since. He has been getting sicker and weaker from day to day, and finding that he was not likely to improve at home, he entered the Hospital yesterday. He was found to be quite deaf, probably from large doses of quinine. He still complains of slight headache and dimness of vision.

His temperature on admission was 100°; it went up in the afternoon to 103°, and in the evening to 104⅕°; later it was 103½°, and later 104⅖°. To-day it has varied from 104° to 103⅗°—a pretty steady temperature of 104°.

Dr. Loomis then said: "From this history can we make a diagnosis? We can—of typhoid or remittent fever. But does typhoid begin in the sudden manner and with severe and repeated chills? Occasionally; but not as a rule. And is the sudden rise of temperature noted yesterday typical of this fever? The German and the English writers lay great stress on a typical fever curve in typhoid fever as it is observed by them, but here in this country we observe it but occasionally. As a rule during the first week the temperature goes up and down suddenly several times, but with a steady rise withal; and during the second week it is usually about stationary. This temperature of 104° is not very high—would represent, perhaps, an average case. A stationary temperature can occur too in remittent fever: this usually takes place during, or later than, the third week, however."

Examining the patient, Dr. Loomis found his face flushed and not of the dark mahogany color of typhus, or having the bright red spot often seen in typhoid. There was sordes on the lips and teeth and tongue, which is dry and brown as well.

The patient had also difficulty in protruding his tongue and also his acuteness of perception was apparently dulled. His pulse was 86 and of good quality. On the abdomen there was a profuse typical eruption, most of which appeared the day before, a few spots the day before and some this day. There was no distention, no tympanites, no tenderness and no pain in iliac fossa. There was gurgling, but this, Dr. Loomis said, is a symptom associated with many other conditions, and hence by itself of little diagnostic value. This absence of abdominal signs, however, should be looked upon as a good sign for the patient. It shows that, so far at any rate, the intestinal lesions are not severe and the dangers to the patient from complications from this source are very much lessened. The record shows that the patient had had two stools since his admission to the Hospital and that they were loose and light colored. The eruption, however, made the diagnosis positive, and it was needless to hunt for further confirmation, as it does not occur in any other disease. This was not a severe case, though it was yet too early in the disease to say that it will not prove to be one.

The treatment employed was milk diet and bismuth. Dr. Loomis believed this drug to be practically inert, and, as it is necessary to give something, it answers the purpose very well here. He had also applied the cold coil upon the abdomen. This will frequently reduce the temperature one or two degrees. There is no danger, however, from the present temperature of this man. It is but the expression of his disease, and as long as it remains where it is, nothing further will be done to reduce it.

Referring to cold baths and cold applications, Dr. Loomis said they had the sanction of the German, many of the French and some English authorities, and their reasoning and apparent results are very fascinating. He had tried them. He had used the bath slowly reduced to 60° until the patient's temperature had fallen three or four degrees; and repeated the procedure when the temperature became high again; but his experience, statistics and careful observations are against the use of the cold bath. He would not say he had killed patients by this method; but the fact remains, that they died; and he believed they did not do so well as those who had absolutely no treatment in the manner of antipyreties. He does not believe these objections always applicable to the wet pack and cold sponging, and often uses these, provided they do not depress the heart or hurry the respiration, and do control the temperature for an appreciable time. But any procedure that will cause a small, fluttering, weak pulse, and increased effort in breathing must necessarily do harm.

In a simple case the chief care of the physician should be, to see his patient twice a day and watch for the appearance of complications; then not to drug him; and finally not to overfeed him. As a rule one quart of milk a day will be better than three. If the quantity is excessive it is undigested and it increases the diarrhœa.

Acute Bright's Disease.

The second case was one of a man, 36 years old; a drinking man, and a hard worker; who had been exposed to the weather by his occupation, which is that of a boatman. Three weeks ago, after a debauch, he discovered a swelling of his penis and scrotum, which came on suddenly. There was also difficulty in voiding his urine, which was of dark color and scanty—less than a pint in twenty-four hours. There was vomiting and some diarrhœa, but no headache, or disturbance of vision or pain in the back. On the following day his feet and legs began to swell, and, the vomiting continuing and his condition growing worse, he entered the Hospital ten days ago.

Examination showed well marked œdema of legs, and also of the scrotum and penis; some of the face, and some of the abdomen. The abdomen showed also enlarged veins. Both lobes of the liver were markedly increased in size. The spleen was somewhat enlarged, and the heart's apex was one inch to the left of the nipple. The first sound was indistinct and the area of dulness increased. There was a murmur at the base with the first sound, too rough to be anemic, which was observed on the day of the patient's admission. The pulse showed a very high arterial tension. Examining the lungs Dr. Loomis found behind and below feeble respiration and râles of œdema. The urine had a specific gravity of 1.025. It was slightly acid and precipitated half its bulk of albumin. It contained blood, and hyaline, epithelial, granular and blood casts.

This patient, Dr. Loomis said, was suffering with acute Bright's disease, with the first stage of cirrhosis of the liver, and probably an old heart lesion. The important question was, whether, considering the condition of the heart, the arterial tension, and the slight improvement that the patient showed from treatment the acute inflammation be not grafted upon an old kidney lesion.

PERISCOPE.

The Acids of the Stomach.

There is no doubt that the chief acid found in the stomach during natural digestion is free hydrochloric acid. This has been abundantly proved by Bidder and Schmidt, and by numerous observers succeeding them. The methods used are, however, too long and too complicated to employ in clinical work. The physician wishes to know what, in a particular case of disease, are the chemical changes going on in the stomach; whether, for example, hydrochloric acid is present as well as pepsin and organic acids. Now, in the examination of the contents of a diseased stomach, three forms of acid may be present—hydrochloric acid, a mineral acid; organic acids, such as lactic acid, butyric, etc.; and thirdly, acid phosphates. It is chiefly of importance to determine the presence of hydrochloric acid and of organic acids. Many methods have been proposed for doing this; they consist mainly in testing the effect of the stomach contents on various colored solutions. Thus a solution of methyl-violet is decolorized by hydrochloric acid, so that if this reaction is obtained the free acid is present in the liquid tested. Lactic acid turns the violet a dirty yellow. Tropæolin also is turned deep reddish-brown by free hydrochloric acid. Unfortunately these tests, simple as they appear, are not accurate, since the reactions are interfered with by the presence of peptones and of some neutral salts, and, as these are usually present in the stomach contents, no reliable results can be obtained by using methyl-violet and tropæolin. They have been superseded by Congo red, which is turned blue by free hydrochloric acid, and by a solution of vanillin and phloroglucin in alcohol, which is turned a deep red by the same acid. These simple clinical tests are, however, rendered useless by the fact that they are interfered with by the presence of peptone, ammonium salts, chlorides, and phosphates.

In the present state of our knowledge, therefore, there is no reliable indicator for the presence of free hydrochloric acid in the stomach contents. Other methods which may be used are too complicated for clinical use. Thus ether has the property of dissolving organic acids from a liquid, leaving the mineral acids in solution. It may thus be used for separating the lactic, butyric, and other acids from the hydrochloric acid; and if in a liquid obtained from the stomach it is found that ether removes the whole of the acids present, it may be concluded that no free hydrochloric acid is present. In many cases this conclusion would be an important one as a clear indication for a line of treatment. Dr. Leo has lately published a new method for the indication of free hydrochloric acid which may prove useful. Leo considers the case where it is only a question of the presence of free hydric chloride and of an acid phosphate. To a few drops of the stomach contents a pinch of carbonate of calcium is added; if the acidity, as tested by litmus paper, disappears, only a free acid is present, but if the liquid is still acid after the addition of the chalk, an acid salt is present. If, moreover, organic acids be present they must be first removed by shaking with ether before the chalk is added. It does not seem that Leo's method is one that can be applied at the bedside, because the detection of free hydrochloric acid is chiefly requisite in those cases in which organic acids are also present, as in cases of dilated stomach. At present, indeed, a ready method, suitable in clinical practice for the detection of free hydrochloric acid in organic liquids, is a desideratum.—*British Med. Journal*, Oct. 5, 1889.

Anæsthesia.

The subjects of selection and methods of use of anæsthetics, the danger of anæsthesia, and the treatment of the accidents which occur during it, have been so much discussed, indeed, so hackneyed, that we almost feel like apologizing for alluding to it. The matter is one, however, of the greatest importance, and the reporter of a case of death from ether, in the *New York Medical Journal* of May 18, held that the knowledge of physiological therapeutics has not yet been thoroughly diffused through the rank and file of the profession. In this case a middle-aged Frenchman, who had been suffering from tubercular disease, with albuminous urine, and aortic and mitral systolic murmurs and feeble heart-sounds, was given ether with the intention of the performance of Syme's amputation. A few moments after etherization was commenced the respiration faltered, and the patient became deeply cyanosed. This somewhat alarming condition quickly passed away, and five minutes later the assistant having the pulse under observation suddenly announced that it had ceased. "Immediately hypodermic injections of brandy, ether, and sulphate of atropine were given; amyl nitrite was applied to the nostrils, artificial respiration was practised, and the head and shoulders were depressed by elevation of the foot of the table; but all was in vain; the patient was dead."

According to the surgeon in charge who reports the case, the death was the result of syncope, and largely the outcome of the diseased condition of the heart, which was found at the autopsy to have a completely adherent pericardium, atheroma of the aorta, and stenotic mitral valve. The kidneys were also in a condition of advanced contraction.

In the first place, it is essential that a case like this be not allowed to go upon record as one of death due to ether. We doubt very much the wisdom of attempting a severe surgical operation like amputation of the foot in a man who has disease of the kidneys, disease of the mitral and aortic valves, and the other numerous organic ills which affected this Frenchman. If an operation was justifiable at all in such a case, both the surgeon and patient should appreciate the excessive risks, and no therapeutist should charge the death against the anæsthetic. The peculiar greatness of the danger in the case becomes manifest when the selection of the anæsthetic is thought of. The condition of the kidneys strongly contraindicated the use of ether; the clinical evidence which we now have being enough to demonstrate that chloroform is safer than ether in cases of renal disease, unless the heart-muscle has undergone secondary degeneration. This is probably because the amount of chloroform required to produce anæsthesia is so much smaller than that of ether that less strain is thrown upon the organ that eliminates it, hence the diseased kidneys are less irritated by chloroform than by ether. On the other hand, in the case under consideration the condition of the heart evidently contraindicated the use of chloroform; in fact, both ether and chloroform were contraindicated, and nothing but the gravest necessity could justify their use.

It is especially, however, to the treatment employed that we want to call attention, and we have no hesitation in affirming that if the patient had any chance of recovery at all, such chance was destroyed by the methods used for his relief. Suppose a doctor, having a case of opium-poisoning to deal with, were, for the purpose of relief, to administer morphine hypodermically, what would be the judgment of the profession as to the method? Evidently that it was a madness. But here we are told that hypodermic injections of ether and brandy were given. Probably almost every one in the profession would agree with us in believing that the use of hypodermic injections of ether was improper; possibly only a minority would agree to the statement that the administration of the brandy was almost, if not quite, as dangerous. Ether and alcohol, are, however, chemically almost identical; physically, except in the matter of volatility, they are exceedingly alike, and in their relations to the human organism they seem to differ only in so far as one is more volatile, and therefore more quick and more fugacious in its action than the other. Each primarily stimulates and secondarily depresses the heart, and we believe that in accidents of etherization the administration of alcohol is equivalent to the administration of more of the poisonous agent. This conclusion rests also not simply upon *a priori* argument. As long ago as 1883, R. Dubois, in a series of experiments made upon the lower animals, found that the free administration of alcohol intensifies the influence of chloroform and lessens the minimum fatal dose. Certainly alcohol and ether are more nearly equivalent remedies than are alcohol and chloroform.—*Therapeutic Gazette*, July, 1889.

Protection of the Health and Life of Infants.

Landouzy and H. Napias state, in a communication in the *Bulletin Médical*, September 4, 1889, that the mortality among children is frightful in every country, especially in the first twelve months of life; it may reach, in this period, as high as 34 per cent., or more than one-third. To remedy this we must know the complex causes of the mortality. They offered the following propositions for consideration by the Congress on Hygiene which met in Paris last summer. 1. In all countries a uniform method should be adopted for recording the statistics of mortality in infants. These statistics should follow the history of children from year to year, from birth up to the fifth year. 2. The registration of the deaths of children should be made only after a vigorous investigation covering the following points: The nature of the disease which has caused death; the exact date of birth; the method of feeding; by the breast or bottle, or both, or on other kinds of nourishment; the character of the milk; the transmissible diseases which may have affected the parents or care-takers; and the healthfulness of the lodgings occupied by the parents or nurses. 3. Every legal measure, administrative or private, which will favor the nursing of children by their mothers, will promote the hygiene of children. Artificial feeding is the surest of all the means of contagion for infectious diseases. This explains why bringing up children exclusively on the breast gives them—all things being equal—a good chance of surviving. In cases in which nursing by the mother is impossible, that mode of artificial feeding should be encouraged which will give the greatest guarantee against the transmission of morbid germs; a bottle should be chosen, and all measures adopted to assure the non-contamination of the milk. 4. It is expedient that proper notions of infantile hygiene should be spread abroad by all possible agencies, in the cities and in the country; they should be imparted to girls in the primary school; and in the large cities especially should there be annexed to the primary schools day nurseries in which young girls, in the last two years of schooling, could take practical care of infants. 5. In industrial cities every measure taken to diminish the working hours of women in the shops and factories will be a hygienic measure of which children will naturally reap the benefit.

Beta Vulgaris for Habitual Constipation and Hemorrhoids.

Dr. S. Kazatchkoff states, in a communication to *Meditzina*, No. 6, 1889, that the common beet is a popular remedy in central Russia to overcome atonic constipation and hemorrhoids. It is given in the form of a decoction, in doses of a half-cup to a cupful daily; it is said to cause neither colic nor digestive disturbances, nor to be followed by constipation. The patient, however, becomes accustomed to the remedy after using it a week, and the dose has to be increased. Nevertheless, Kazatchkoff attributes to it greater virtues than to castor oil, rhubarb, magnesia, podophyllum, and to the mineral water purgatives.—*Gazette Hebdomadaire*, September 27, 1889.

Treatment of Purpura Hemorrhagica with Nitrate of Silver.

Dr. Poulet has a communication on the treatment of purpura hemorrhagica with nitrate of silver, in the *Bull. gén. de Thérap.*, May 30, 1889. The author relates two characteristic and severe cases of purpura hemorrhagica, which promptly recovered when nitrate of silver was given internally. The first was that of a boy, 12 years of age, with a family history of tuberculosis and albuminuria, who, eight days previously, had been attacked by a petechial eruption, culminating in profuse epistaxis, which rapidly reduced him to a bloodless condition. Poulet ordered tincture of the chloride of iron and the acid infusion of roses, and, as this did not check the hemorrhagic tendency, he followed it up on the following day by plugging the nostrils and giving subcutaneous injections of ergotine. The bleeding, however, continued as before, and the condition of the patient became critical. He then resorted to nitrate of silver, in doses of one-fifth of a grain, twice a day, incorporated with bread-crumb and given after food. The next day a manifest improvement had taken place, and in the course of three or four days the drug could be discontinued. The lad gradually recovered, but the loss of blood had been so abundant that it was years before he ceased to be delicate and anemic. The second case was that of a young woman 20 years old. Eight days after her last menstrual period purpuric spots made their appearance, with frequent attacks of bleeding from the nose, stomach, and bowels. She was fairly well nourished, and lived in the open country. Her previous health had been good, but for some weeks past she had experienced a feeling of lassitude, with loss of appetite. The eruption was most marked at first on the lower extremities, but soon became general. Various anti-hemorrhagic remedies were tried, but without any marked effect on the bleeding. There was slight albuminuria; legs a little puffy. Under these circumstances he ordered one-eighth of a grain of nitrate of silver in a pill, three times a day. The effect was so marked that within four days sight and hearing were restored, and the purpuric patches began to fade. The hemorrhages ceased after the first day of the exhibition of the nitrate. Twelve pills in all were taken, and they sufficed to effect a cure.—*London Medical Recorder*, June 20, 1889.

Pea-Soup as a Substitute for Beef-Tea.

Dr. Ris of Kloten, Switzerland, says *The British Medical Journal* of Sept. 28, emphatically recommends pea-soup as an excellent substitute for beef-tea for invalids, convalescents, and more especially for patients suffering from cancer of the stomach, or *diabetes mellitus*. Take peas, water, and sufficient amount of some vegetable suitable for soup, and one-half per cent. of carbonate of soda, and boil the whole until the peas are completely disintegrated; then let the soup stand until sedimentation is complete, and decant the fairly clear, thin fluid above the deposit. The product is stated to resemble a good meat-soup in its taste, to be at least equally digestible, and at the same time to surpass the very best meat-soup in nutritive value. The latter statement may appear surprising, but the author reminds us that peas (as well as beans or lentils, either of which may be used instead of peas) contain a considerable portion of legumen; that is, a vegetable albumin which is easily soluble in a faintly alkaline water, is not coagulated by heat, is easily absorbed, and equal to the albumin of eggs in its nutritiousness. —*Science*, Oct. 18, 1889.

The Treatment of Abdominal Aneurism.

A novel procedure was attempted by Mr. Keetley in a case of large abdominal aneurism under his care at the West London Hospital. The tumor, which mainly occupies the epigastric region, and projects prominently forwards, had thrust the liver into the right lumbar region, and Mr. Keetley, in order to control if possible the pulsation in the aneurism, devised and carried out the following procedure: An incision was made below the ribs on the right side, and the peritoneal cavity opened; a specially constructed instrument with a handle, a curved stem, and a thickened extremity was then passed into the wound and through the foramen of Winslow, between the liver and the tumor, and made to compress the aorta above the origin of the cœliac axis. Upon the first occasion the stem was of copper, and unfortunately bent under the pressure to which it was subjected. The operation was repeated with an instrument constructed of steel. It was found that the object aimed at could be obtained, but not entirely. Although the aorta was by this means partly compressed, it was not possible to control the circulation sufficiently to render it justifiable to continue the attempt. However, Mr. Keetley is satisfied with the feasibility and the ultimate utility of the procedure, and its non-success in the present instance is doubtless largely due to the immense size of the tumor preventing even the fingers from reaching the aorta above the disease, and disturbing the normal relations of the parts. —*Medical Press and Circular*, June 12, 1889.

Thirty Years in a Man's Body.

Dr. Nisson relates, in the *Magdeburger Zeitung*, the following case which has come under his observation: "I have just extracted," he says, "from the arm of a patient of mine, an iron-founder, a darning needle seven centimetres long, which was embedded in a muscle (the *triceps brachii*). The needle was completely black from oxidation, and had for years caused great pain to the patient, who was supposed to suffer from rheumatism in various parts of the body, and had been treated for that disease by numerous doctors without success. As the man has no recollection of a needle running in him, it is probable that it must have done so in his early childhood, and that it had been traveling about his body for some thirty years before it was discovered. It is worthy of note that when he was two years old he was treated for some months for disease of the spine, the appearance of which disease may have been caused by the presence of the needle in the neighborhood of the spine, and the irritation consequently set up."—Philadelphia *Ledger*, Oct. 19, 1889.

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ANÆSTHETICS AND ACCIDENTS.

A few weeks ago a well-known citizen of Philadelphia, in the prime of life, died suddenly after having been anæsthetized with nitrous oxide gas in order to have a tooth extracted painlessly. He did not die while under the anæsthetic; but, soon after he recovered consciousness, he had symptoms of apoplexy, which increased until he died, after a lapse of a few hours. He was a man of large frame, of excellent general health and vigor, and of unexceptionable habits of life. The Coroner's investigation which followed did not include an autopsy, and so the immediate cause of death was not certainly known, but the diagnosis of apoplexy seems to have been justifiable.

This is an extraordinary case—and fortunately a very rare one—of death following soon after anæsthesia with nitrous oxide gas. No one, we believe, has asserted that in this case the anæsthetic directly caused death, and the general opinion seems to be that it was a mere coincidence. This opinion we cannot agree with unconditionally; for we cannot but believe the condition of nitrous oxide anæsthesia started the train of changes which culminated in apoplexy—if this was really the immediate cause of death.

Still, it may be said that accidents following anæsthesia with nitrous oxide gas are almost as rare as phœnixes, and scarcely to be named in contrast with its beneficent effects. The same may be said of ether and chloroform; although in their case danger and death are by no means uncommon.

Justice to the truth requires that all the circumstances attending a case of death during or soon after anæsthesia should be known and duly estimated before deciding in how much the result is fairly chargeable to the anæsthetic. In a case reported in the *British Med. Journal*, Oct. 5, 1889, a woman in Birmingham, twenty-five years old, of very nervous and excitable temperament, desired to have some teeth extracted, and insisted upon being anæsthetized. In the presence of her husband and the dentist, her medical attendant administered chloroform. The patient was seated in an easy chair, and, after inhaling a few breaths of chloroform, she slipped down in the chair, and her pulse and breathing stopped. Artificial respiration was at once resorted to, but without success. It seems perfectly clear that the patient was not anæsthetized when she died, as she had only just commenced to inhale the chloroform, and, of course, no attempt had been made to extract her teeth. The Coroner's jury returned a verdict that death was due to syncope, and that no blame whatever attached to the administrator. In commenting on this case, our British contemporary very truly says that it is well known that syncope may result from violent emotion, and especially from the effects of fear. It repeats the story of a case recorded in Germany a few years ago in which a female patient visited a dentist, and requested him to extract some carious teeth, demanding, at the same time, that she should be chloroformed. The dentist explained the risks of chloroform, and suggested nitrous oxide gas; but his patient persisted, and he pretended to humor her. Having, however, a wholesome dread of chloroform, he substituted Cologne water, and bade her inhale the supposed anæsthetic from a folded towel. After two or three inspirations she suddenly fell from the chair, and died.

Such stories as this indicate that it would be but hasty and ill-considered judgment to look no further than to the anæsthetic to explain deaths which at first sight might seem chargeable to it. They indicate at the same time dangers connected with the administration of anæsthetics which are all the more serious because they are rarely encountered, and perhaps never anticipated. Due consideration of them, therefore, may serve a double purpose—in diminishing, as well as defining, the elements of real danger in anæsthesia.

CHLORALAMIDE, THE NEW HYPNOTIC.

Several recent papers upon the new hypnotic, chloralamide, make it possible to give briefly its more important properties and effects. It is formed by the addition of chloral anhydride to formamide, and is found as colorless crystals, having a slightly bitter but not disagreeable taste. According to Drs. Hagen and Hüfler, in a communication to the *Münchener med. Wochenschrift*, No. 30, 1889, the effect of the drug begins in about one-half hour after its administration. In most cases thirty grains are sufficient for a dose, but forty-five grains may be given without hesitation. Hagen and Hüfler give notes of twenty-five cases in which chloralamide was employed; in most of these the patients were suffering with grave organic diseases. A hypnotic effect occurred in twenty of the patients, and in sixteen it was perfect. The remedy failed to act only in the case of a paralytic, and in a patient strongly consumptive. The sleep produced is described as quiet. Only eight of the patients complained of slight headache on awaking, while the rest felt entirely well. Patients do not appear to become accustomed to the drug readily; for it is stated that, when frequently employed in the same patient, its good effects continued, and no disagreeable secondary effects were seen. It is noteworthy that the remedy also acted well when the sleeplessness was due to violent pain, and that the healthy patients, who were given it in the morning without anything being said to them, slept the whole day with short interruptions, and also enjoyed their usual good sleep the following night.

Dr. Eduard Reichmann, in a paper published in the *Deutsche med. Wochenschrift*, No. 31, 1889, confirms the experience of the authors just quoted in a very satisfactory manner. As regards the dose, he states that fifteen grains was uncertain in its effects, but that thirty grains was nearly always successful. Reichmann makes the highly important statement that he observed the behavior of the pulse especially, and that chloralamide exerted no recognizable influence upon the heart and vascular system—in agreeable contrast, therefore, with the effect of chloral.

The experience of Erich Peiper (*Deutsche med. Wochenschrift*, No. 32, 1889), is also in the main confirmatory of that of the other experimenters referred to. Disagreeable symptoms, however, consisting of headache, dizziness and weariness, were observed by him somewhat more frequently. Peiper nevertheless prefers chloralamide to chloral.

Finally, Dr. Rabow has a short communication on chloralamide in the *Centralblatt für Nervenheilkunde*, No. 15, 1889. He also reports good results from the new remedy; in nervous sleeplessness and in the sleeplessness of alcoholics, somewhat larger doses—sixty grains—were employed. In excited and maniacal patients, however, it did not act.

Many new hypnotics have been offered to the profession in recent years. Most of them are useful under special circumstances, and almost all are found sooner or later to have peculiar disadvantages. Perhaps the attitude of the practitioner should be to try all, and to "hold fast to that which is good." The present hypnotic, chloralamide, appears to have certain advantages. It is cheap, the dose is small, it may be given in capsules or in solution, and its taste is said not to be disagreeable. If given in solution the water should not be too warm—not over 140° Fahr.—as otherwise the chloralamide is decomposed and becomes inactive. It is to be hoped that later experience will substantiate that already given, especially with regard to the harmlessness of the remedy.

OPERATIONS FOR GOITRE.

It is not many years since operations upon the enlarged thyroid gland were regarded with well-founded dread by almost all surgeons. The dangers of cutting operations for goitre were so great and the mortality so large that little was done for the relief of this disfiguring and distressing disorder beside injecting the tumor with iodine or occasionally some other so-called absorbent. This condition has been changed, largely through the persistent devotion of Kocher, of Bern, who has for some years steadily studied and practised operations upon the thyroid gland. The result of this work is shown in a report on 250 operations published originally in the *Correspondenz-Blatt für Schweize Aertzte*, and summarized in the *Memorabilien*, September 13, 1889. The report covers five years and a half of Kocher's experience, and presents results worthy of the most careful attention.

In the first place—as Dr. Betz points out—it appears that in Kocher's hands the statistics of extirpation of the thyroid have become so favorable that its mortality is no longer a serious feature. In only six of Kocher's two hundred and fifty extirpations did death follow—that is, in only 2.4 per cent.; while in three of the fatal cases the disease was malignant, and one was a case of Graves' disease. If these cases be eliminated from the total, the mortality is reduced to *eight-tenths of one per cent.* Even this result appears in a more favorable light when one learns that, in one of the remaining fatal cases, the patient was probably poisoned with ethylene, while the other patient was brought to the clinic almost moribund, in extreme dyspnœa.

In the main, Kocher adheres to the method associated with his name. The Winkel curved incision is preferred for difficult cases and when the thyroid is large; while for simpler tumors the oblique incision at the anterior border of the sterno-cleido-mastoid muscle, with a preference for the transverse incision, which does not give as good access to the field of operation, but from a cosmetic point of view is said to give the most beautiful results. The recurrent laryngeal nerve, and the principal trunk and the branches of the sympathetic, are most likely to be wounded. Tying the inferior thyroid artery must be done with the greatest care. In regard to later results of extirpation of the thyroid, it seems that what was once known as *cachexia strumipriva* might be more correctly called "*cachexia thyreopriva*," and it seems important that in every extirpation of the thyroid gland some portion shall be left behind. Kocher, who is the best judge of such matters in the world, says that extirpation of the thyroid is indicated, first, in malignant disease if the disease is not diffuse, and also in cases in which there is a well-founded suspicion of malignancy; second, in inflamed thyroids which are free from cysts; third, in diffuse so-called hypertrophies. The contra-indication to extirpation is the absence of healthy gland substance upon the other side.

Enucleation is indicated, first, in cystic thyroids—that is to say, in cases in which cysts form the principal part of the tumor;

second, where there are large isolated nodules imbedded in relatively sound glandular tissue; third, in immovable thyroids containing large nodules.

Scraping out (*évidement*) is indicated, first, where there are isolated nodules of soft consistence in relatively sound gland tissue; second, in cases such as those noted under the indications for enucleation, if there are nodules of soft consistence and with free and numerous vascular connections in the neighborhood.

Resection (partial excision) of the thyroid takes the place of extirpation and enucleation in the numerous cases which do not sharply correspond to the above indications. Ligation of the thyroid arteries should be performed in vascular thyroids, especially in Graves' disease.

Taken as a whole, we can heartily commend to the notice of our readers the views of Kocher on this important subject. No place in the world affords such full opportunities of studying it as he enjoys, and his wonderful success gives his opinions a weight which cannot attach to those of any operator less experienced and less successful.

CARBONIC ACID IN PULMONARY CONSUMPTION.

It is a well-known fact that diabetes and pulmonary consumption are very intimately associated, the one with the other; and, according to Ebstein, the carbonic acid production is markedly lessened in quantity in the former disease. Animated by the belief that the partial absence of carbonic acid is conducive to the growth of the tubercle bacilli, and that this anomaly sustains a causative relation to phthisis, Dr. Hugo Weber advocates the administration of this gas in the treatment of this disease in the *Berliner klin. Wochenschrift,* Sept. 2, 1889. He gives one teaspoonful of sodium bicarbonate before each meal, immediately after a glass of water containing twelve drops of muriatic acid has been taken. About half a pint of gas is generated by this procedure which is believed to be exhaled through the lungs, and to have a germicidal influence on the tubercle bacillus.

He reports ten cases of consumptives subjected to this plan of treatment, and it is encouraging to learn that all derived benefit —even those in whom the destructive processes in the lungs had advanced to an extreme degree. It is especially noticeable that the improvement took place while the patients remained in the same general conditions to which they had been subject before—that is, they were not taken to hospitals or treated in any way which could throw doubt upon the part in their improvement from Dr. Weber's method.

UTERINE DISPLACEMENT AND PREGNANCY.

It is generally believed that retroflexion and retroversion of the uterus predispose to sterility by reason of the failure of the spermatic fluid to enter the displaced os and cervix, and that, when pregnancy does occur, it very soon becomes complicated by the incarceration of the enlarging uterus. New light has been thrown upon this subject by recent investigations by Professor Martin, of Berlin, who found in the records of his clinic in Berlin, 121 cases of persistent retroflexion of the pregnant uterus in a total of 24,000 patients. In 27 of these cases the deformity of the uterus was congenital, and was complicated with endometritis and by affections of the tubes and ovaries; but even under these unfavorable circumstances, conception occurred. Even gonorrhœal infection, so commonly believed to cause sterility, failed in one case to prevent conception, although accompanied by retroflexion. Martin draws the very practical conclusion that it is not the uterine deformity, but a coincident catarrhal or inflammatory state of the endometrium or tubes, which causes sterility in these cases. Congenital retroflexion alone does not prevent conception.

The usual belief that pregnancy and parturition correct uterine deformity was disproven by ninety-four cases, in which repeated pregnancy failed to remove it: nine of these patients had been under treatment for misplacement and were wearing pessaries when conception occurred. A ready explanation of the fact that the family physician meets so few cases of pregnancy in persistently retroflexed or retroverted uteri arises from the frequent occurrence of spontaneous reposition. As the womb enlarges nature lifts it above the pelvic brim in nearly all cases. The most common symptom, warning the attendant that such is not the case, is frequent and difficult urination, for which he finds no other cause. This should lead to careful examination, and to efforts at reposition in the knee-chest position. Should irreducible incarceration result, spontaneous or induced abortion may solve the problem. But this failing, and the womb remaining fixed, this organ may be removed through the vagina if small, or amputated above the pubes, as in the Porro operation. Martin's article in the *Deutsche Medecinische Wochenschrift*, Sept. 26, 1889, and a case reported by Sperber in the *Centralblatt für Gynäkalogie*, No. 36, 1889, and a method of reposition described by Cohnstein, in the *Archiv für Gynäkologie*, Band XXXIII, Heft I, furnish interesting recent literature on this subject to those who may wish to pursue it further.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

HYPNOTISM: ITS HISTORY AND PRESENT DEVELOPMENT. BY FREDRIK BJÖRNSTRÖM, M. D., Head Physician of the Stockholm Hospital, etc. Authorized translation from the second Swedish edition by Baron Nils Posse, M. G., Director of the Boston School of Gymnastics. 8vo, pp. iv, 126. New York: The Humboldt Publishing Co. Price, 30 cents.

This interesting book contains a scholarly account of the history, development and scientific aspect of hypnotism, covering the manifestations of this condition in ancient and modern times. It describes the popular and unworthy exhibitions of this curious phenomena which formerly prejudiced the scientific world against its careful investigation, and which in the present day serve the purpose of charlatans; and, equally, it describes the steps by which its manifestations have come to be better classified—if not much better understood than when they were used by Egyptian priests or Indian fakirs. In doing this the author speaks of the use of hypnotism as a therapeutic agent, and the possibility that it may be used for immoral and illegal purposes. In conclusion he urges that the law should restrict the use of hypnotism, as a method which may be dangerous to the medical profession.

As a whole, the book is of great interest and very instructive. It is worthy of careful perusal by all physicians, and contains nothing unfit to be read by the laity.

THERAPEUTICS FOUNDED UPON ORGANOPATHY AND ANTIPRAXY. BY WILLIAM SHARP, M. D., F. R. S., etc. 8vo, pp. 203. London: George Bell & Sons, 1886.

One accustomed to the work of reviewing who takes up a book of this kind is tempted to condemn it at once, on its title alone. We doubt if many critics could be found whose experience did not make them regard with suspicion any volume bearing such singular words on the title-page. Still, if the critic be one who regards with favor every attempt to do good in writing books, he does not allow his objections to strange theories and curious modes of reasoning to blind him to motives which are worthy of praise. So, in going through the book, we have not failed to discover the author's manifest wish to be of service to his fellow-men, and his conviction that what seems to him a great truth ought to be communicated to them. This fact makes us lenient toward one who deliberately asserts that almost all medical literature is loaded down with error, and gravely suggests that his views may "do for Medicine what Sir Isaac Newton's law of gravitation has done for Astronomy." But this is the most that we can say; for his book as a whole strikes us as the extravagant production of a mind too conscious of its own operations and too indifferent to those of other men equally sincere and of greater scientific reputation. Those who have time to read such a book will find in this one much that is interesting and much that is suggestive, but this is mixed with much that is repellant from its lack of modesty and much that will appear to most readers as absolutely foolish. The author may have meant well in writing all this, but he is not likely to gain such fame as Newton did—nor is any one who could use the language of Lord Bacon in regard to the stagnation of medical science as if it were applicable in the present day.

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. EDITED BY BARTON COOKE HIRST, M. D., Assoc. Prof. of Obstetrics in the Univ. Penna., etc. Vol. II. Illustrated with 221 engravings on wood. 8vo, pp. xi, 854. Philadelphia: Lea Bros. & Co., 1889. For sale by subscription only.

This volume completes the most important recent addition to the literature of gynecology and obstetrics. The profession in America may well feel proud of what has been accomplished by the contributors and editors.

The present volume of the system of Obstetrics treats of those subjects which are of the greatest interest to the practitioner—the accidents and diseases incident to parturition and the puerperal state; and their treatment, prophylactic, surgical and medical. Our space forbids a review at length, but we are glad to be able to say that the work is of the highest order. The most striking feature of the book is the space devoted to inculcating the value of antiseptic midwifery. This teaching is set forth admirably, and should be carefully considered by all who are engaged in this important field of medical practice.

CORRESPONDENCE.

Night Terrors of Children.

To the Editor.

Sir: In addition to your judicious editorial comments on this subject, in the Reporter, Oct. 12, 1889, allow me to suggest a factor in the etiology that seems to have eluded observation. From some experience in my own family, I am led to suspect that quite often the malady may be due to a closely fitting night-dress. I observed in the case of my own child, that whenever the night-dress was buttoned tightly about the throat, she was sure to have an attack of night terrors; and that she never had them when the throat was left free and open. In certain positions of the head, the neatly fitting band would occasion constriction of the throat, whence arose mechanical congestion of the brain, which gave rise to the "terrors."

A night-dress, closely fitting around the throat, is a vicious thing, and gives rise to cerebral congestions which may suddenly explode in a convulsion, but much oftener, I apprehend, take the form of night terrors.

Yours truly,
J. P. Hassler, M. D.
Meadville, Pa.,
Oct. 16, 1889.

Union of Cut-off Fingers.

To the Editor.

Sir: I notice in the Reporter, Oct. 5, mention of the reunion of a cut-off finger. During my term in the Dispensary of St. Mary's Hospital, last summer, a man about fifty years old walked in with several of his fingers badly injured, one requiring amputation at the proximal inter-phalangeal articulation. The forefinger just below the distal articulation was cut through with the exception of about an eighth of an inch of skin and fascia, and was hanging loose. I was thinking seriously of completing the amputation, when the patient suggested that he had a finger nearly cut off some years before, and it had been sewed on and grown fast; so, as the cut was a very clean one, I washed the wound well with bichloride solution, and joined the parts with silk stitches without any drainage. The two surfaces united rapidly, and the man has now a useful finger, the only evidence of the injury being an increased circumference due to callus thrown out, and a slight scar. There is no doubt that great numbers of useful fingers are annually sacrificed owing to a too free use of the knife. A little more conservatism in this branch of minor surgery is badly needed.

Yours truly,
A. Hamilton Deekens, M. D.
St. Mary's Hospital, Philadelphia,
Oct. 8, 1889.

NOTES AND COMMENTS.

Plagiarism.

The *Lancet*, Oct. 5, 1889, makes the following handsome acknowledgment in regard to an imposition practiced upon it by a contributor to its pages:

It is, we believe, happily a rare thing for a contributor to this or any other medical journal to adopt as his own "original" contribution the writings of another author. Such, however, we regret to say, has been the case with respect to a paper contributed to these columns by F. W. Allwright, M. D., L. R. C. S. I., entitled "The History and Use of Anæsthetics in Midwifery" (1889, vol. i, pp. 983, 1239; vol. ii, p. 589), which, as our contemporary the *Medical News* (Philadelphia) points out, is practically a transcript of certain pages of the valuable article upon that subject contributed to "Hirst's American System of Gynecology and Obstetrics," vol. i, by Dr. J. C. Reeve. The first volume of the "System" had been in our possession many months, but had not come up for critical notice, as we felt it would be more convenient to review the work as a whole, after the issue of the second volume, which has lately come to hand. Hence our failure to recognize the near identity of the two articles in question. We have communicated with Dr. Allwright, ... who admits that his paper "obtained its foundation from" Dr. Reeve's article, but who does not seem to be aware of the gravity of the charge of plagiarism which has been fully substantiated against him. Nor does he even apologize to us for having used our pages as a medium for the publication of his unacknowledged transcript. We therefore feel bound to notice the matter thus publicly, and to express to our readers and also to Dr. Reeve our regret that the paper in question appeared in our columns. It is obvious that every journal must have complete confidence in its contributors, and that it is practically impossible to guard against such a practice as that referred to, which for the credit of our profession is, we are sure, of unusual occurrence.

The Dread of Death.

Sir Lyon Playfair, in a letter to Junius Henri Browne, author of a paper with the above title, says: "Having represented a large constituency (the University of Edinburgh) for seventeen years as a member of Parliament, I naturally came in contact with the most eminent medical men in England. I have put the question to most of them: 'Did you, in your extensive practice, ever know a patient who was afraid to die?' With two exceptions they answered, 'No.' One of these exceptions was Sir Benjamin Brodie, who said he had seen one case. The other was Sir Robert Christian, who had seen one case, that of a girl of bad character who had a sudden accident. I have known three friends who were partially devoured by wild beasts under apparently hopeless circumstances of escape. The first was Livingstone, the great African traveler, who was knocked on his back by a lion, which began to munch his arm. He assured me that he felt no fear or pain, and that his only feeling was one of intense curiosity as to which part of the body the lion would take next. The next was Rustem Pacha, now Turkish ambassador in London. A bear attacked him, and tore off part of his hand, and part of his arm and shoulder. He also assured me that he had neither pain nor fear, but that he felt excessively angry because the bear grunted with so much satisfaction in munching him. The third case is that of Sir Edward Bradford, an Indian officer now occupying a high position in the Indian office. He was seized in a solitary place by a tiger, which held him firmly behind the shoulders with one paw, and then deliberately devoured the whole of his arm, beginning at the end and ending at the shoulder. He was positive that he had no sensation of fear, and thinks that he felt a little pain when the fangs went through his hand, but is certain that he felt none during the munching of his arm."—*Science*, Oct. 18, 1889.

Treatment of Pruritus Vulva.

Dr. Percy Newell recommends the following lotion for pruritus vulvæ:

℞	Acid. Carbolici	gr. xvi
	Tr. Opii	f℥ ss
	Acid. Hydrocyan. dilut.	f℥ ii
	Glycerini	f℥ ss
	Aquæ destil. q. s. ad.	f℥ iv

M. Ft. lotio.

Dr. Scanlan recommends the following:

℞	Cocain	gr. i
	Lanolin	℥ i

M. Ft. unguentum.

Prevention of Attacks of Migraine.

Dr. Hammerschlag, according to the *Allgemeine med. Central-Zeitung*, No. 39, employs the following combination of remedies for the prevention of attacks of migraine, and states that hitherto it has not failed him:

℞	Caffeinæ citrat.	gr. xv
	Phenacetin	gr. xxx
	Sacch. albi	gr. xv

M. Fiat. pulv. Dis. in capsulas No. X.

Sig. One capsule to be taken, in the intervals of the attacks, every two or three hours.

Phenacetin, he says, does not act so promptly when given alone. This treatment may be kept up until a decided remission occurs, and this does not have to be waited for long.—*Wiener med. Presse*, June 2, 1889.

Etiology and Treatment of Acne.

Barthélemy says, in the *Bulletin Médical*, September 1, 1889, that in acne there exists habitually some dyspepsia, some dilatation of the stomach and divers symptoms connected with it; and that it is only in treating the digestive troubles that one can finally make himself master of the cutaneous affection and have some chance of preventing the provoking relapses. Dyspepsia, however, acts only by preparing the soil upon which the germ of acne will be sowed and will develop. The germ finds a truly favorable medium only in seborrhœa. This affection is the direct consequence of defective elaboration of food in the stomach, of abnormal fermentations which it undergoes, and of elimination by the glands of the skin of all these products, otherwise toxic—leucomaines, volatile fatty acids, etc., which have been absorbed with the useful products of digestion. According to Barthélemy, there is no acne without preceding seborrhœa. The acne eruption is the result of a sowing of the seborrhœic skin with germs which come from the exterior. These adhere to the skin more readily on account of its oily condition. Barthélemy declares that the eruption is contagious and antoinoculable from contiguous points. That is to say, it is transmissible from one individual to another, on condition of its meeting with a seborrhœic soil; but it is transmitted especially on the same individual from one sebaceous gland primarily infected to other sebaceous glands. Acne is, therefore, to be reckoned among the parasitic affections, along with ecthyma, furuncle, impetigo, etc. The eruption will be discrete or confluent according to the condition of the organism affected, whether depressed or not, and also according to the existence of a more or less seborrhœic condition of the skin. The germs seem, at times, to occupy the skin and remain in a latent condition, to develop anew when a favorable occasion arises.

Treatment—apart from surgical means, which are indicated exceptionally—should consist in cutaneous antisepsis, to combat the germs; and also in gastro-intestinal antisepsis, to render the organism refractory to new attacks by sterilizing the culture medium.

Unfortunate Result of Whitehead's Operation for Hemorrhoids.

Dr. Charles B. Kelsey, reports in the *N. Y. Medical Journal*, Oct. 5, 1869, the history of a patient brought to him a few days before by Dr. Peckham: A woman, aged thirty-five, had been operated upon eight months before in one of the N. Y. city hospitals for hemorrhoids by Whitehead's method. On examination, the anus presented a circle of excoriated mucous membrane ending abruptly in healthy skin. The mucous membrane, which had been drawn outside of the rectum and united to healthy skin, was an inch broad for one-half the circumference of the anus and half an inch broad for the remainder. In other words, the circular incision in the operation was entirely outside the margin of the anus, and the mucous membrane has been drawn down to it, changing a muco-cutaneous opening into one covered by mucous membrane.

The plan of treatment advised by Dr. Kelsey was to dissect this mucous membrane loose, cut it off, bring the skin up as near the verge of the anus as possible, and allow the wound to heal by granulation. A stricture of the anus would, of course, be the natural consequence, but one which Dr. Kelsey thinks should be managed and would be better than the extensive ulceration which is sure to follow the excoriation now begun.

It is needless to say that the patient's present condition is a very miserable one.

Alcohol Treatment of Puerperal Fever.

Dr. A. Martin delivered a lecture, on June 28, before the Berlin Society of Obstetrics and Gynecology, in which he mentioned anew the favorable influence of alcohol upon the course of puerperal fever. The administration of alcohol in puerperal sepsis was first recommended by Breisky, and eleven years later was again taken up by Runge and thoroughly discussed in several communications. Dr. Martin, whose cases were for the most part in private practice, complains that most of the cases of puerperal sepsis in private practice are brought to the physician's knowledge for the first time when the infection has already become general, and when the prospects of a local treatment are least favorable. He communicates an account of 18 of the cases in which the administration of alcohol had been possible. Five of these 18 died. The cases were of extraordinary severity, in which treatment with alcohol was begun for the first time when the fever had raged for a week and the patients had been weakened by severe complications. Thus, there existed in several cases, which finally ended in recovery, purulent parametritis, ichorous decomposition of the ovum, pyemia in one case with panophthalmitis and purulent destruction of a hip-joint; three of the cases were reckoned as of pyemia and 15 as of septicemia. Four of the 18 patients were taken sick in connection with an abortion, which was criminal in three cases; the other fourteen patients had given birth at the normal end of pregnancy, in three cases by artificial aid. In 4 cases local treatment was employed in addition to the use of alcohol, while in the other cases no advantage was to be expected from local treatment, except as disinfecting washes.

The alcohol was given in the form of cognac, rum, Burgundy, Bordeaux, and southern wines, for the most part mixed with champagne; the most concentrated food possible was also given. It frequently required, however, energetic persuasion on the part of the physician and of the attendants to induce the patients to take the drinks, which often had to be changed. Diarrhœa occurred at times in nearly all the patients, and when it did the drink was changed, champagne being stopped and mucilaginous drinks being given. In one of the cases, which is given in detail, the patient took within a period of six weeks the following: 17 bottles of cognac, 13 of Bergundy, 37 one-half bottles of champagne, 4½ bottles of other heavy wine, and 6 bottles of porter. Martin does not think, as Breisky did, that the favorable action of alcohol consists in its influence in reducing fever, but rather in a strengthening of the heart's action and in the increase of the resisting power of the individual against the ravaging action of the infection.—*Deutsche med. Wochenschrift*, July 25, 1889.

Treatment of Incontinence of Urine with Antipyrin.

The *Gazette Hebdomadaire*, September 27, 1889, contains an abstract of an article by MM. Perret and Devic, on the treatment of incontinence of urine with antipyrin, which was published in *La Province Medicale*, June 8 and 29, 1889. The treatment in question was tried upon some children whose nocturnal incontinence had resisted the bromides, belladonna, and hydrotherapy. During a period of seven days, at six and eight o'clock in the evening daily, two doses of seventy-five centigrammes each (nearly twelve grains) were given. The result was a diminution in the incontinence. The treatment was then suspended for eight days, but the amelioration continued. The following week the antipyrin was administered in the same doses as at first, and cure appeared to be final.

It is recommended that the remedy should be prescribed at intervals, and continued for a long time.

An Epidemic of Herpes Zoster. The Etiology of the Affection.

Kaposi, in the *Wiener med. Wochenschrift*, Nos. 25 and 26, says it is generally admitted that herpes zoster is a trophic disease of the skin. It can be produced by a lesion of the invertebral ganglia. It is met with following tumors, caries of the vertebræ, and fractures, etc., which compress or destroy the ganglia. Hysterical patients are frequently subject to it. There are some cases, however, in which it is difficult to discover the cause of the lesion of the ganglia which provokes the herpes zoster, and as, on the other hand, there occur true epidemics of the affection, it may be asked if the disease is not of infectious origin. A number of reasons may be adduced in favor of the latter hypothesis. First and foremost, there are the epidemics. Kaposi in particular, in the interval between November, 1888, and February, 1889, saw more than forty cases of herpes zoster, although ordinarily the affection is very rare. Again, the epidemics occur at certain seasons of the year, particularly in the spring and autumn. Kaposi also invokes in favor of his hypothesis the observation that generally a person has herpes zoster only once. The rule is not absolute, however, since he attended one patient in his eleventh attack. Finally, it is remarkable that each epidemic has its special type. In some periods the affection is grave, in others benign. In the epidemic Kaposi observed, all the cases were remarkably benign. Only the infectious diseases, such as scarlatina, measles, typhoid fever, and variola present such temporary variations in their intensity.

If herpes zoster is infectious, how is its pathogeny to be interpreted? Kaposi thinks that there is a general infection exerting its action upon the ganglia and determining secondarily a cutaneous eruption. He admits this hypothesis because other general diseases, in particular certain intoxications, can also determine herpes zoster. Carbonic oxide, and arsenic, for example, frequently provoke this eruption. As in the case of poisoning the herpes can be explained only by a previous alteration of the nervous centres, so the same interpretation must be adopted to explain the infection of herpes zoster.—*Bulletin Médical*, September 18, 1889.

NEWS.

—Dr. R. H. Hamill has removed to 2018 Pine street, Philadelphia.

—The American Public Health Association held its seventeenth annual meeting in Brooklyn October 22–25.

—Johnstown, Pa., was free from typhoid fever Oct. 16, and, on the authority of the Red Cross Association, may be considered fairly safe from danger for the present season.

—According to the latest advices, cholera continues to be epidemic in the Philippine Islands, although the disease is now on the decrease. The number of cases reported so far have been 22,397.

—Diphtheria is said to be prevailing to some extent in Allentown, Pa., and the ravages of the disease have been severe in some families. One man lost three children within a week and had two other children very sick.

—There has been an alarm at Yale College, in regard to typhoid fever. Exaggerated accounts led to the fear that there was danger of a epidemic; but from the latest and most reliable accounts this seems to be unlikely.

—At the semi-annual meeting of the Philadelphia Pathological Society, Oct. 24, Dr. John Guiteras delivered an address upon Some Features of Southern Pathology. After the meeting a reception was given to Dr. Guiteras at the University Club.

—The Charité Hospital in Berlin, which is so well known as the cradle of many important medical investigations and the school in which many lights of the profession have been trained, is about to be extensively enlarged and to have a new Polyclinic added.

—An epidemic of small-pox has broken out on the Austrian frontier. In Jägerndorf 329 cases have been reported and 37 deaths, and in Gotschorf, a small town with about one thousand inhabitants, 55 cases with 4 deaths. The epidemic shows no signs of abating.

—Another sporadic case of yellow fever has been reported at Key West, Florida, and in consequence quarantine restrictions have been resumed. The patient is a man, who left Havana on September 21 for New York by sea, came from New York by rail to Key West, October 2, and was taken sick October 22, in a locality of the city distant from that of the former cases.

—Among the ten true bills of indictment found by the Camden Grand Jury, Oct. 21, was one against Dr. S. Preston Jones for maintaining a nuisance in the shape of a private insane asylum at Merchantville, N. J. Dr. Jones was formerly in charge of the Male Department of the Pennsylvania Hospital for the Insane, and his fellow-townsmen at Merchantville found themselves annoyed by the patients in his private asylum.

OBITUARY.

PHILIPPE RICORD.

Dr. Philippe Ricord, the celebrated teacher of venereal disease and syphilography, died in Paris, Oct. 22, 1889, at the age of eighty-nine years.

Though Dr. Ricord was accounted a French physician and was a member of the Academy of Medicine, he was born in Baltimore. He was the grandson of a distinguished physician of Marseilles and a brother of J. B. Ricord, the author of works on language, medicine, and natural history, many of which were first published in this country. Under this brother he made a number of scientific studies, and began the study of medicine in Philadelphia. In 1820 he went to Paris. He was admitted to the study of surgery—first at the Hôtel Dieu under Dupuytren, then at the Pitié under Lisfranc, receiving the degree of Doctor of Medicine in 1826. In 1828 he delivered a course of lectures on surgery in Paris and in 1831 he was appointed Surgeon-in-Chief to the Venereal Hospital of the Midi. At this hospital, from which he retired on account of age in 1860, he gained a great reputation as a syphilographer. By a decree bearing date July 28, 1862, he was appointed physician in ordinary to Prince Napoleon, and on October 26, 1869, was named consulting surgeon to Napoleon III. He became a Commander of the Legion of Honor, and in 1871 was made a Grand Officer for services during the siege of Paris. He also received many foreign decorations. He has been an active writer, several of his works on surgery having been crowned by the Academy of Sciences. For many years he was known in Paris as "the great American doctor," and he has always had a warm interest in his native land. Ricord leaves a name never to be forgotten in the history of syphilography, and, during the active years of his life, he was the most famous specialist in his line in the world.

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CLINICAL LECTURE.

DOUBLE OVARIOTOMY—GYNECOLOGICAL DIAGNOSIS.

BY WILLIAM GOODELL, M. D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

Gentlemen: Before beginning my lecture I beg of you that, during the coming session, no one leaves the room while the peritoneal cavity of a patient is open, and that no applause or noisy demonstration of any kind be indulged in, until the wound is closed. My reasons for this request are the following: In the former case, septic germs are liable to be introduced from without through the opened door; and, in the latter, dormant, impure dust is floated up from the floor to fall down upon the wound. Trusting that you will scrupulously grant this request, I shall now bring in a case for laparotomy.

Double Ovariotomy.

This patient, with a large abdominal tumor, is fifty-three years old, married and the mother of ten children. Three years ago she ceased to menstruate; but a few months since her catamenia returned not only with greater severity but also with increasing frequency. This symptom generally points to the presence of a uterine fibroid tumor; but, upon using the sound, which passes in only three and a half inches, the womb is found to be movable, though with difficulty, and separate from the tumor. As the latter demands some effort to raise it up, I fear that there are adhesions on its lower surface. Preparatory to the operation, the patient's bowels were moved yesterday by castor oil, and an enema was given this morning. She has had no solid food for twenty-four hours, and since this morning her abdomen has been kept covered with a napkin, soaked in a weak (1 : 4000) solution of the bi-chloride of mercury:

Boiling water is now poured over the instruments; for heat is a better germicide than carbolic acid, which however I add later—more to cool the water, than to make the canonical two per cent. solution. Having then washed my hands in a 1 : 1000 solution of the bi-chloride, and my assistant having done the same, I cut down through the skin, superficial and deep fasciæ in the median line, just below the umbilicus, by an incision five inches long. The præperitoneal fat is now divided carefully until the peritoneum is exposed. Before this is divided, all bleeding vessels are secured with clamps, and the womb is thoroughly cleansed with a sublimated solution. I now catch the peritoneum by two forceps, raise it up, so as to avoid any intestine, and carefully divide it. This being done, the cyst comes into view. It is of an acreous, or pearly, color and therefore is undoubtedly ovarian.

The trochar is now plunged into the upper part of the tumor, and, as you see, a coffee-like fluid escapes, which exhibits on its surface minute sparkling points, caused by crystals of cholesterine. There fortunately are no adhesions, and the sac when emptied is readily drawn outside through the incision. Sponges are quickly packed into the abdominal cavity, and the pedicle is secured by a ligature tied as close to the womb as possible. The empty sac is next cut off and removed.

I now strip off a redundant portion of the pedicle and take a look, as is my custom, at the other ovary. Upon it is a small cyst. I shall, therefore, likewise, take it out, although its removal will arrest menstruation, and bring on the change-of-life. Yet in this case this cessation will be beneficial on account of the uterine hemorrhages. In all oöphorectomies the ovarian tissue must be wholly removed. Otherwise some germinating stroma may remain behind to keep up menstruation. Hence, in this case, I am obliged to tie very close to the womb. The sponges are now removed, washed and replaced. There were no adhesions present, but the extreme shortness of the pedicle made it appear as if there were.

Now I proceed to close the cavity. These needles, threaded with silk, have been immersed in a saturated solution of carbolic acid for seven hours. I pass them from within out, including all the tissues, especially the peritoneum; because, on account of its greater vascularity, it unites more quickly than the other tissues, thus securing the cavity of the abdomen from pus or any other septic material which may develop in the wound above it. The elasticity of the skin makes the incision much smaller now, since the tumor has been removed. In closing it each one of the tissues must be included within the sutures, in order to obtain perfect coaptation and to prevent a hernia; which may, however, occur, in spite of every precaution, both in short and in long incisions. The sponges being now removed from the abdomen, they and the instruments are carefully counted. This taking count of stock is very necessary, for a number of women have lost their lives because a sponge or an instrument has been left behind, even by careful operators. As during the operation the smaller cyst burst and its contents escaped into the abdomen, I shall with a syringe from which the air has been excluded, thoroughly irrigate the abdominal cavity by passing the nozzle of the syringe into Douglas's Pouch and by pumping water in, until it comes out wholly clear. A drainage-tube is put in temporarily, in order to get rid of any water that may have been left. When all the stitches are tied I shall compress the abdominal wall, force out all the water and take the tube out. The dressing that I use is as follows: 1. Iodoform sprinkled over the wound, especially about the navel, which is a favorite harbor for germs; 2. Iodoform gauze; 3. Bichloride cotton; 4. Baked cotton, which is held in position by adhesive strips and further secured by a broad binder that has been previously passed round the body.

The after treatment will be simple. The patient is to have no food for twenty-four hours. Then she will have a half ounce of milk or of broth every two hours, later one ounce, then still more, especially after wind begins to escape from the lower bowel. The stitches will be removed in a week and, if everything goes well—as it most likely will—her temperature will not rise above 100° F. No opium will be given, if it can be avoided; because, in the first place, it lessens peristalsis and thereby interferes with the escape of wind and the movement of the bowels; and, in the second place, by paralyzing the bowels it encourages adhesions. Besides, the pain is not generally severe enough to call for the use of opium.

Gynecological Diagnosis.

The next patient, whom I bring before you merely in order to make a diagnosis, is twenty-seven years old, married and the mother of three children, the eldest of whom is nine years old and the youngest two. She was healthy as a girl, menstruated at fifteen and was married at seventeen. Three months ago she began to have pain in her back and right flank. Three weeks ago she was tapped of some colloid fluid, without emptying the tumor, and in the short interim the abdomen has been rapidly increasing in size.

The first question I ask is: Is the fluid free or encysted? If free, we ought on percussion to have resonance in the median line from the floating up of the intestines and to have dulness in the flanks. But an examination reveals marked dulness in the right flank, which increases as we get nearer the median line. The lower part of the abdomen is also dull, while fluctuation is obscure.

The right side of the abdomen is occupied by a hard body, which the patient says was more apparent directly after the tapping. The tumor is not continuous with the liver, because the resonant colon intervenes, and, moreover, she says it began below and grew upward. Certainly we are dealing with an abdominal tumor containing some fluid, and there appears to be ascitic fluid as well.

The woman's monthly periods have not appeared since July, and her breasts are very much withered since then. Upon examination I find that the cervix is drawn up behind the pubis and that the womb gives a measurement of more than four inches. The womb is firmly fixed, but it appears to be merely attached to the tumor and not a part of it. The white and, therefore, old lineæ albicantes on the abdomen make us certain that there has exisied at some previous time a distension of the abdomen. Now, if a woman shows these old scars on the abdominal wall, and bears no evidence of chronic disease, we can be morally, although not absolutely, certain that she has once been pregnant. For, if they had come from a dropsy due to hepatic, cardiac or renal disease, the organic lesions would most likely remain constant. Again, were these cicatrices due to distension from the tumor now in the abdominal cavity, they would be purple, not white and glistening.

The rapidity of growth in this tumor, these blue tortuous veins on the abdominal wall from deep seated obstruction, make me incline to the diagnosis of malignant disease of an ovary. I shall, however, in a few days make an exploratory incision to see what can be done. If the tumor be a sarcoma, it may be successfully removed and the patient may live for many years before it returns. If it be a carcinomatous growth, adherent in many places, the exploratory incision can be closed up and her life will not be shortened thereby. Finally, if the growth prove malignant and yet have a pedicle, it can still be removed and life may be greatly prolonged, for as the woman now is I do not think she will live three months longer.

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COMMUNICATIONS.

THE TYPHOID STATE.

BY J. CHRIS LANGE, M. D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE AT THE WESTERN PENNSYLVANIA MEDICAL COLLEGE, PHYSICIAN TO THE WESTERN PENNSYLVANIA HOSPITAL, PITTSBURG.

The typhoid state or the typhoid condition presents its phenomena in various diseases. These phenomena are referable to the nervous and muscular systems. In the northern temperate zone they are observed in greatest perfection of development, as well as with greatest frequency, in typhoid fever, and from no better grounds have grown: first, the application of the term "typhoid" to this state, and, next, the questionable custom of qualifying the name of other diseases, when complicated by this state, with the prefix or suffix "typhoid." The term "typhoid," used to designate that particular typhus-like fever is an example of unscientific nomenclature, and it is as desirable as it is difficult to find a better for this purpose. No adequate excuse can be offered, however, when this term is used to qualify or describe other diseases, and the abolition of the custom would be a desirable step in nomenclature. The undesirability of using a term whose primary significance implies a fever of specific origin, with a specific lesion, to designate other diseases is seen in the obscurity in which it involves a pneumonia complicating a typhoid fever and a "typhoid pneumonia."

The "typhoid *state*" is common to many diseases; it is not presented in every case of typhoid fever; and it is more frequent in typhus and some other diseases than in typhoid fever. Therefore, were it not that custom makes the law, it would be as proper in every aspect to describe a "typhoid" typhus fever or a "typhoid" typhoid fever as it unfortunately is to describe a typhoid pneumonia or a cholera typhoid.

From these considerations it follows that the term "typhoid" embraces two very different meanings. First, it designates a specific fever, and next a certain condition of the nervous and muscular systems. Further, this condition of the muscular and nervous systems is manifested in various diseases—in typhoid fever as well as in others; but it is in no manner more closely related to typhoid fever than to other infectious diseases; it is no more essential to the clinical history of typhoid fever than to that of other infectious diseases; and it is as much entitled to rank as a complication of typhoid fever as of any other disease. It is a condition not peculiar to typhoid fever but quite distinct from this and bears the same name only because other diseases do not so frequently present themselves possessed of duration and gravity sufficient to produce this state, as typhoid fever does. The typhoid state is produced by the duration of disease or by its intensity. It is an ataxy—a disturbance, a confusion. Its phenomena are muttering delirium, hallucinations, coma-vigil, typho-mania, deafness, muscæ volitantes, picking at the bed-clothes or body-linen (carphologia), inco-ordinate voluntary movements, difficulty in swallowing, changed or inaudible voice, the dropped jaw, the tremulous tongue, sinking down or sliding down in bed, vomiting, diarrhœa, tympanites and relaxation of the sphincters. The presence of few or many of these signs, symptoms and phenomena declare the presence of the typhoid state in disease, and they are presented in conjunction with those characteristics of the disease it complicates.

The pathogenis of some of these symptoms is obscure; that of others is well understood. The state itself is observed to precede death by starvation. It is commonly presented in acute diseases involving marked innutrition, exhaustion of all muscular tissue and especially of the heart. So certainly and frequently do prominent phenomena of this state follow rapid and great muscular exhaustion, and particularly heart exhaustion, that this deserves to be considered as one of its causes. When the typhoid state is induced by heart exhaustion (which is not however assigned as its solely acting cause) then it occurs late in disease, and those of its phenomena which are referable to the muscular system are pronounced and prominent.

Again the typhoid state comes in consequence of exhaustion of the nervous system and especially of the brain. Mental inquietude, fright, terror, repeated mental perturbations and shocks, delirium, hallucinations, the decided disturbances of encephalic circulation and nutrition, but particularly the abolition of sleep, are the factors of disease engaged in brain exhaustion. Sleeplessness is beyond doubt the most potent of these, and seems of itself a sufficient as well as a frequent cause of the typhoid condition. When the typhoid state is produced by brain exhaustion, whether this happens early or late in disease, then the phenomena of the condition present a greater likeness to those of alcoholism. There is greater mental excitement; there is less physical debility; the patient may be able to walk; there is less muscular inco-ordination but more tremor, and hallucinations are more frequent and obstinate.

A factor of disease frequently assigned as the third cause productive of the typhoid state is high temperature. Personal observation directed to this point constrains the belief that high temperatures are not entitled to rank as causative of the typhoid state. High temperatures are rare except in the infectious diseases; and it may be arbitrary to certainly ascribe the occurrence of the typhoid state in these diseases to the temperature elevation, if this be high, and to quite ignore the influence of the infection. It is impossible to accept the widespread theory that high temperatures determine the occurrence of the typhoid state. The unbiased consideration of personal experience forbids it. High temperatures exert baleful influences upon the nervous system as well as upon the body at large, yet it is quite common to observe high temperatures continue many days, the patient feeling comparatively comfortable, and presenting no symptom of the typhoid state. Equally as frequent is it to find very moderate temperature elevations in the infectious diseases while the patient presents marked phenomena of this state. In diseases certainly not infectious which present high temperatures: for instance insolation when the patient is not comatose, the typhoid state is not presented. It is not forgotten that in certain cases of heat exhaustion, particularly in the tropics, when the duration of the disease occupies many weeks, the typhoid state precedes death. But this happens late in the disease; the temperature then is no longer high; the typhoid state is obviously due, not to temperature elevation, but to one or both the previously mentioned causes: heart and brain exhaustion. The same is true of inflammations, certainly not infectious; and that the typhoid state frequently complicates croupous pneumonia and acute tuberculosis constitutes additional evidence that these inflammations are infectious diseases. A high temperature persists without causing the typhoid state on the one hand; and, on the other, the typhoid state is presented in the infectious diseases without the occurrence of high temperature. These considerations constrain the belief that high temperature, although commonly co-existing with the typhoid state, is not the cause of this latter but a concomitant; and that both are consequences of the special poisons of the infectious diseases; and further, that when the typhoid state is presented in diseases certainly not infectious, this is due to either heart or brain exhaustion.

If it be asked why, if this state be due to the presence in the blood of the special poison of an infectious disease, it is not presented in all cases, it can be answered only that the patient who presents this state has received a greater quantity of the special poison, or that the special poison he has received is of greater activity or of greater virulency than the poison received by another patient who does not present the typhoid state; or, finally, that the first possesses a greater susceptibility to the action of this special poison than the last. With our present knowledge, in short, the presence or absence of the typhoid state in an infectious disease must be ascribed, on the one hand, to the properties of the special poison, or on the other, to the susceptibility of the patient. And the same answer is pertinent to the question: Why is not a high temperature always presented?

The phenomena when the typhoid state is due directly to the special poisons of the infectious disease constitute evidence that a most profound impression has been made upon the brain and nervous system. This state so produced comes early, immediately. When these disease germs in the blood of the patient have multiplied sufficiently or have matured sufficiently, or have produced sufficiently their toxic principles—that is, when the period of incubation has terminated—then, if the typhoid state be due directly to the action of these poisons upon the brain and nervous system it may come as rapidly as narcotism can be induced by opium. This is observed oftenest in diphtheria, scarlatina, typhoid fever and cerebrospinal fever. In the great majority of such cases the typhoid state has a duration of a few hours or a few days and terminates in coma; and coma in this connection is synonymous with death. Such patients are overwhelmed by these special poisons, and are stricken as though felled with an ax. Such attacks by these special poisons exemplify all the horrors and terrors embraced by the word "malign." They are malignant. Those cases in which coma does not follow the typhoid state are exceptions to the rule. When this happens, first its graver and then its other phenomena gradually disappear and finally the patient presents only the symptoms proper of his disease and has to contend only with its usual and characteristic dangers. An interesting question in such cases is: Has the special poison wholly or partly been eliminated? The growing probability that certain toxic alkaloids, which seem invariable products of organized germs in the blood, are causative of the intoxication of such infectious diseases, and, indeed, of the diseases themselves, and the fact that these alkaloids have been extracted from the urine of such patients, make it likely that in a few hours, perhaps immediately, after the manifestation of an infectious disease elimination of these special poisons is already under way, and that the urine is one medium for their extrusion. Despite this probability in explanation of recovery from such malignant attacks, another is deserving of equal consideration. It is, the genesis of a tolerance of these poisons. If the first onslaught can be met and withstood, then a tolerance is established which grows from day to day. A study of other conditions of disease establishes this as a probability in explanation of recovery in such cases. Such a tolerance is established, for instance, in uremia, in opium narcosis, and in carbonic acid poisoning, which, though not identical, are analogous conditions.

The typhoid state, whether induced by heart exhaustion, brain exhaustion, or the infectious poisons, presents no special lesion. It possesses no anatomical character. The lesions appreciable are those characteristic of or peculiar to the disease which it complicates. The great and rapid waste required to produce this state presents, besides adipose atrophy, that form of fatty degeneration of muscular tissue, particularly of the heart, which is called granular. When this state is due to brain exhaustion or to the direct action of the infectious poisons upon the brain and nervous system, no lesion is discoverable which deserves to be regarded as causative of the symptoms observed during life. The anatomical changes in the brain bear no relation to the phenomena of this state. In all infectious diseases, except cerebro-spinal fever, no anatomical change, gross or microscopical, accounts for the symptoms observed during life. This is true of delirium, mild or violent, of the intensest cephalalgia, of pupil eccentricities, of coma, of convulsions and tetanic rigidity of the cervical and dorsal spine. The same is true of the phenomena of the typhoid state. They cannot be referred to anatomical change. Sometimes punctiform meningeal blood extravasations are discovered; sometimes there is meningeal opacity; sometimes slight meningeal œdema or cerebral œdema; oftenest only the loss of normal brain consistency observed after chronic or very exhausting acute disease. Certain it is, that these abnormalities bear no relation to the severity of the symptoms.

The prognosis in any case of disease is increased in gravity by the presence of the typhoid state. This is true if this latter be due to heart or brain exhaustion; if it be due directly to the infectious poisons then the prognosis is almost necessarily a fatal one. In many cases, however it be caused, it is but the precursor of death. When this is true, the patient grows gradually more stupid, and finally sinks into that complete muscular relaxation accompanied by the abolition of the general and special senses and consciousness, which is called "coma." On the other hand the typhoid state, except when due to the infectious poisons, does not involve the occurrence of coma. Very many cases recover. The prognosis depends to a very considerable extent upon what disease this state complicates. For instance, when it occurs in typhoid fever the prognosis is much better than when it occurs it diphtheria. Further, the prognosis is influenced by the time of its occurrence and by the efficacy of remedies addressed to it. Again, the prognosis is decidedly dependent upon the character and number of its phenomena, that is, upon the intensity of the state. The gravest of these are: growing stupor, vomiting, diarrhœa and tympanites. Next in order of gravity may be placed the extreme muscular exhaustion indicated by falling of the jaw, the inability to move a limb, the inertia manifested by sliding down in bed, the change in the first heart sound, with sighing or shallow respiration. Relaxation of the sphincters, the tremulous tongue, carphologia and subsultus are common in cases of typhoid fever which recover. In cases of pneumonia which recover they are not so common. The same is true, but to a lesser extent, of typho-mania and coma-vigil. These considerations in conjunction with the signs, symptoms and phenomena proper to the disease which this state complicates are of weight in prognosis.

Immediately the typhoid state is declared in any disease, this latter, as far as treatment is concerned, sinks into insignificance. The phenomena of this state sufficiently demonstrate the urgent necessity for its removal, and present imperative indications for treatment. Remedial measures are addressed directly to this state, its cause or its phenomena. Although in a given case one or the other may be more active, heart and brain exhaustion go hand in hand in the production of this state. Acute general disease is in possession of no weapon with which it may destroy the heart and leave the brain uninjured, or paralyze the brain and leave the heart intact. But, from the course of the disease, its incidents, events, its ravages and spoliations, the indications come which designate which of these two co-operative causes has been most potent to produce this state. If this be heart exhaustion, then stimulation by the alcoholics undoubtedly deserves first rank. How rarely when such a patient recovers does his physician doubt that the alcohol has contributed to this desirable end! The good effects of dietetic, hygienic and medicinal measures are insufficient, and the dire ravages of the disease have not yet ceased; disease has almost lived its time, but not yet quite. What, but this "indirect food," alcohol, with its compelling power to make both ventricles renew their strength, can make the sluggish stream of blood move on, clearing the brain, brightening the eye, steadying the muscles, holding in tight embrace vitality which otherwise assuredly would have left its tenement? Such cases are rare, but they occur and are exemplifications of the power and beneficence of our art.

When the abolition of sleep is the pronounced cause of the typhoid state, then the object of treatment is to procure sleep for the patient. In such cases this state gives warning of its approach. It never comes as an unheralded calamity. Its approach has precursors. Its advent is preceded by its lighter symptoms. Because of this, when it has come, remedial succeedaneums again have proved their right to grow a hopeful faith and then to blast it. They have been tried—tried and found wanting. So when the typhoid state has come in all perfection there is but opium. Opium and alcohol! It is a pregnant commentary upon a therepeusis, growing more boastful year by year. The limits of this paper forbid a defence of opium in this condition. As it is true that in certain cases the typhoid state will terminate without its use and the patient recover, as it is true that in other cases, particularly in pneumonia, its administration will but favor the growing tendency to coma, *i. e.*, to death, so it is also true that in certain other cases its exhibition will save life.

Little is to be said of the treatment when the typhoid state results from the direct action of the infectious poisons upon the brain and nervous system. A proper measure is to facilitate all excretion. Another is to endeavor to assist the brain to resist the first attack of the poison. If this can be accomplished, a little later, in a few hours or days, a tolerance has been established and elimination to some extent has happened. The employment of such measures is a forlorn hope; exceptionably success rewards it.

In concluding I will give a brief account of the progress, treatment and issue of a case which illustrates much of what I have said above.

In a house containing two younger children with diphtheria a girl aged twelve and previously well was seized by a pronounced chill with rigors at midnight. In the morning she was blanched and cold; the thermometer registering 103° in the rectum, her pulse being 120, weak and narrow. Her eyes were closed and she was stupid. She was relaxed; her arms lay extended on either side and twitched; her limbs remained motionless, but for their twitching, wherever they were placed. Her face twitched like that of chorea, her nose looked sharp and pinched and about the alæ, on her lip and cheeks, the skin was white and bloodless. She breathed irregularly and shallowly. She protruded her tongue slowly and it trembled. The conjunctival vessels were prominent and the secretion between the lids plentiful and gluey. The pupils were of normal size but sluggish. She presented a light film upon both tonsils and her cervical glands were enlarged. Twenty-four hours later she was not so white and cold. Her temperature was 103°, her pulse 120 and fuller. She was vomiting, had had hiccough and four involuntary watery discharges. She had been twice catherized and presented an active and noisy peristalsis with tympanites. She was more stupid; she no longer protruded her tongue. Her lips were dry, brown and cracked. She heard nothing; she evidently saw nothing; her eyes were wide open, glassy, and fixed intently upon some far distant place; they looked past every one and everything the room contained. Her lips trembled and her hands quaked. Slowly but wildly, with inco-ordinate jerks, her hands reached for objects in the air, then fell and tremblingly searched on the bed-clothes for what they could not find. But her eyes never followed nor noted her hands; they were engaged too intently in staring at far-away places, at objects they could not reach. She constantly murmured undistinguishable words and frequently cried loudly for her mother. Her mother was constantly with her and constantly assured her of her presence, but she could not appreciate it. Her hands would convulsively clutch her mother or anything they happened to touch, immediately throw off the object and then resume their vain and endless search for objects in the air and on the bed-clothes. On the third day her eyes were closed, and her hands rested from their fruitless search. They were still; that is to say they lay in one place, but the subsultus still twitched them. She could again protrude her tongue; she could be made to hear, and she could be made to appreciate her mother's presence. On the fourth day intelligence was in her eyes—the typhoid state had terminated. Her treatment consisted of one-eighth grain and following this one-sixteenth grain of morphia given every third hour, and maintaining the hyperactivity of the skin by means of hot bottles and wet towels under her blankets. She now presented a collar of brawn from ear to ear and a leathery membrane on both tonsils. Treatment for diphtheria was now begun and in two weeks she was a convalescent.

INOSITE IN THE URINE.[1]

BY WILLIAM S. DISBROW, M. D.,

NEWARK, N. J.

The importance of the chemical examination of the urinary secretion in cases of suspected diabetes is recognized by all to be worthy of the closest attention, and any improvement or discovery made in this line of inquiry, becomes of more or less value in the recognition of glucose. In the examinations made in reference to direct treatment, and in insurance cases, where the early diagnosis of incipient mellituria is desirable, it is necessary to know definitely whether a specimen of urine contains this sugar or not, and it is my desire to show where I made a mistake, and what I believe was the source of my trouble, and to explain a doubtful reaction. I wish it understood that the large number of compounds usually acknowledged to react in the presence of Fehling's solution, have all been noted, except the greenish coloration, which Dr. Squibb claims is due to sugar, and that this reaction is due to another of the same group of carbo-hydrates.

Of course it is expected that any one can test for sugar; and any one who fails to recognize a diabetic from a non-diabetic urine would be considered very shallow.

All this I admit; but when glucose is in minute quantity, and the reaction is questionable, the answering of the question is not always an easy one.

I consider that standard Fehling Solution made by Dr. Squibb is the most reliable test we have; but I take exception to the statement that the greenish coloration which is frequently found in the use of this reagent, is due to one per cent. of glucose, and I bebelieve the remark has led to great injustice to the parties interested. This I think can be proven by the testimony of others who have investigated the subject, and, in a letter which I received from Dr. Squibb some time ago, bearing on this subject, he stated that this reaction may be due to some other constituent, and recommended the fermentation of Doremus.

In specimens of urine which were known to be free from glucose I have often seen this reaction; the olive green coloration which upon subsidence leaves the supernatant liquid the original blue with no reduction of the copper salt. This reaction was stated to have been indicative of glucose in the following incident, which was the starting point in my backsliding from the infallibility of this test.

About one year ago I received from one of the largest insurance companies of this city, a specimen of urine with the request to carefully examine,—particularly for sugar. This was done with a negative result, but to my chagrin I was informed by the medical director, who is a man of superior attainments and of large experience, that he had examined it previous to sending it to me, and found that it contained sugar. Feeling certain that I was still right, I requested that it be sent to New York to be analyzed by some one whose report would be authoritative. It was sent to the Carnegie Laboratory, whose report was negative—it contained no glucose. The Doctor then asked me what it was that gave the reaction? I remarked, that I did not know; but I have, to my satisfaction, since found out.

Looking up the subject, I find that this claimed the attention of Rolfe; but it was Oliver who first stated that it might be muscle sugar or inosite.

Tyson questioned the reliability of the reaction, as not being sufficiently distinctive, and by the introduction of his method, which isolates in the crystalline form the compound, he proved that the supposition of Oliver was correct.

A few remarks on the chemistry of inosite will not be out of place; so I shall in a few lines describe its most important features.

Inosite, Phaseomannite, or Muscle Sugar, $C_6H_{12}O_6$, $2H_2O$. This saccharine body is found in the muscular portions of the body, in the heart, brain, spleen, lungs, and kidneys, in hydated tumors, in normal and pathological urine, and in the vegetable kingdom, particularly in the Natural Order: Leguminosæ, such as peas, beans, also in some representatives of our materia-medica: digitalis and taraxicum. It forms large monoclinic crystals, generally in rosettes, soluble in water, insoluble in ether and alcohol. It is unfermentable, except in the presence of decomposing membranes, cheese and chalk, when lactous fermentation takes place with the formation of lactic, butyric, and carbonic acids. It is not decomposed by caustic alkalies, or weak acids, has no polarlizing effect on light, does not reduce metallic oxides, nor change color with potassic hydrate, and does not reduce cupric sulphate in potassic hydrate; but is precipitated from solution by basic plumbic acetate and ammonic hydrate. If heated with a solution of cupric tartrate in potassic hydrate, no reduction follows as in the case of glucose; but a greenish solution results, which after a time precipitates, leaving the supernatant liquid the original blue color. If this be filtered the same reaction takes place. This last reaction, Tyson, in "Pepper's System," now claims is sufficient for its identification for clinical purposes. It can be readily made for purposes of study by the process of Vohl, who makes a watery extract of French beans, evaporates, precipitates, by alcohol, dissolves in water, and allows it to crystallize.

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[1] Read at the Practitioners' Club, Oct. 7, 1889.

The significance—if there be any—of inosite in the urinary secretion, is not understood, it having been found under such varied circumstances in health and disease. Vohl called attention to it first, in diabetes insipidus; and here it had gradually displaced glucose, thus converting a mellituria into a inosturia; he also called attention to the increased quantity of this sugar, after the ingestion of large quantities of water. Senator, by its discovery, was led to believe that the diuretic action of this sugar might be held responsible for the very large excretion of urine in the same disease, but questioned the beautiful theory by uncertainty of its presence at all times. Strauss pointed out that on the flushing the kidneys of healthy subjects, with large quantities of water, this sugar could be found.

In diabetes, Neukoum and Gallois report this sugar in combination with glucose. Kutz failed to find it in persons who had been fed on a leguminous diet, which is contrary to my experience, for I have noticed it in a number of such, which had been carefully examined, but not in all. In various brain troubles, and in Bright's disease, the urine has also been found to contain this interesting compound. Leboulbain, Loomis, and Tyson consider the presence of inosite, in urines which contain glucose, and its increase as the grape sugar decreased, as a favorable prognostic.

Reviewing this subject, the following are the points to which I call attention:

1. That the greenish coloration and precipitate, often found in the examination of urine for glucose by Fehling solution, and by some good authorities said to be due to this sugar, is now known to be open to a different interpretation.

2. The substance which gives this reaction has been shown to be inosite or muscle sugar, another of the same group of sugars, which has been found in the human body under varied circumstances of health and disease.

3. The reduction of cupric oxide is necessary as a definite reaction for the determination of glucose, while this reaction never occurs in the presence of inosite.

4. The importance of the presence of glucose, as an indicator of disease, and the non-importance of inosite, makes it absolutely necessary that they should be differentiated at all times.

OLIVE OIL IN THE TREATMENT OF GALL-STONES.

BY THOMAS J. MAYS, M. D.

The formation of gall-stones occurs more frequently than most physicians suppose. It results in much pain, and is sometimes followed by fatal consequences. As, according to my experience, it is not very successfully treated, I conceive that anything which will tend to throw the least light on the therapeutics of this disease will be welcome, and therefore offer the following observations for the consideration of this Society, trusting that its members will see fit to make it a subject for special therapeutic investigation, in order to find out whether what I believe to be true of the action of sweet oil in this disease is based on a true or a false foundation.

Gall-stones are formed in consequence of faulty chemical change in the bile within the passages of the liver. These concretions form in masses which vary largely in number, size, and chemical composition. They may frequent any portion of the biliary passages, but are usually found in the gall bladder. By occluding the hepatic ducts they interfere with the passage of bile, cause it to be absorbed by the hepatic circulation, and in this way bring on the familiar jaundice which accompanies the disease, and by becoming impacted they may set up inflammation, degeneration, suppuration, and perforation in neighboring tissues.

The chief points of interest in the diagnosis of the disease are: The seat and nature of the pain, and the mode of its occurrence. It is by no means certain that a positive diagnosis can be made in all cases.

A patient may come complaining of a dull, heavy pain in the right hypochondrium, with a history of occasional paroxysms of pain in the same region, with a slight jaundice, indicated by a yellow tinge of the conjunctiva, and with an occasional shivering and fever —the indications are that he is suffering from biliary calculi. But if the patient is suddenly attacked with severe and agonizing pain in the same region, the centre of which is located directly over the seat of the gall bladder, and radiates to the right shoulder; and especially if the gall bladder is felt to be distended, and this without any elevation of temperature, the diagnosis of biliary calculi is almost certain. Fever is not invariably absent. Sometimes the premonitory symptoms of gall-stones simulate fever-and-ague on account of the occurrence of more or less marked rigors, together with a slight rise in temperature; and indeed it may be mistaken for the latter disease until its more active phenomena appear.

Speaking from my earlier personal experience in the treatment of this disease, I must confess that it was attended with the most discouraging results until I learned of the efficacy of sweet oil from my friend, Dr. Edward R. Mayer, of Wilkesbarre, Pa., several years ago; and I am glad to state that the hopes which were inspired by his accounts of the remedy have not been disappointed.

The investigations of Dr. Rosenberg are, so far as I know, the only ones in regard to its physiological action which have been made. They are described in a preliminary publication which appeared in *Fortschritte der Medicin*, in 1889. He established biliary fistulæ in dogs and observed that the administration of olive oil markedly increased the quantity of bile secreted; while at the same time it diminished its consistency.

The following cases illustrate the value of this agent. Mrs. A., 40 years old, had a sharp attack of pain in the right hypochondrium, December 29, 1889. This was preceded by rigor, fever and night sweats; and was followed by decided jaundice. Not having seen her during the attack, nor having had a similar pain before, I mistook her disease for malaria, and treated her with quinia, calomel, sodium, phosphate, acids, alkalies, hydrastine, podophyllin, leptandrine, etc., until February 11, when she felt very well, the jaundice had disappeared, the urine—which was loaded with biliary material—cleared up, the stools were of a normal color, and I ceased attending her. On the eighteenth of the same month I was called to see her again, and found her suffering with an intense pain in the right hypochondrium, with an evening temperature 100°, and the appearance of a tumor in the right hypochondrium. The pain was but imperfectly controlled by morphine and atropine. I at once began to give her sweet oil in dessertspoonful doses every four hours, and she improved from that time on, and has never had an attack since. In a few days after the beginning of the oil the enlarged gall bladder subsided, and it has given no trouble since.

A second case gave equally striking results. I was called to see Mrs. H., 45 years old, on the night of Aug. 10, 1889. I found her writhing in pain, which was indefinitely located over the whole abdominal region, but whose maximum intensity seemed to be confined more to the right side of the stomach. Large doses of morphine subdued her suffering somewhat. On closer inquiry I learned that the paroxysms had come on periodically for a number of years, and that she had been advised by her physicians to go abroad—which she did and remained there for several years. She was not entirely free from these attacks while there. She had returned only three weeks before this attack came on. I found on examination a perceptible dulness and swelling in the right hypochondrium. Sweet oil was prescribed in dessertspoonful doses every three hours, and this was followed by the most satisfactory results. In less than five days she said she was an entirely different woman. Her abdomen which was always hard, tense, and painful, became soft, her stool became natural in color and she has had not even an approach to an attack since.

The third case is that of a young man about 20 years old, who came to me with a tinge of jaundice in his conjunctivæ and skin, and with an ill-defined history of bilious colic during the previous three months. I placed him on sweet oil, and he has been free from his trouble since.

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—Dr. Lauder Brunton, F. R. S., has accepted the offer of the Nizam of Hyderabad to proceed to India to repeat the experiments of the Hyderabad Chloroform Commission, and to further investigate the subject, for which purpose His Highness placed the sum of £1,000 at his disposal.

DIPHTHERIA FOLLOWING SCARLET FEVER.

BY L. S. WALTON, M. D.,
TULLYTOWN, PA.

On the morning of July 29, 1889, I was called to see a child, fifteen months old. I found the child had been vomiting freely, and was covered with a distinct scarlet rash, with a temperature of about 102°. On the following morning I found the child somewhat improved; but another member of the family, a little boy, seven years old, was suffering with all the symptoms which characterize a typical case of scarlet fever. The former case terminated in recovery in a few days, but the second child passed through a severe attack of the scarlet fever, and by the end of the second week the temperature had declined to almost normal, the tonsils had resumed their natural appearance, and desquamation had taken place freely, all symptoms pointing to a favorable termination.

On the morning of the fifteenth day, I found the temperature 104°, the pulse 104; and the tonsils were enormously swollen and covered with diphtheritic membrane. The case now presented a very unfavorable prognosis. I prescribed the following mixture:

℞ Tinct. Ferri chloridi. . . . . ʒiii
Potass. chlorat. . . . . ʒii
Quiniæ sulph. . . . . ʒss
Aquæ . . . . q. s. ad ℥iv
M. Sig. One teaspoonful every 2 or 3 hours.

Locally I applied a strong solution of tannin, with a large camel's hair brush, once every hour. The above remedies were continued throughout the disease, occasionally increasing or diminishing the quinia as indicated. Brandy was also administered freely. As the case progressed the temperature fluctuated between 103° and 104°, until the tenth or twelfth day, when the temperature began to decline. The tonsils began to decrease in size and the diphtheritic deposit began to soften, and by the end of the fourth or the beginning of the fifth week convalescence was established. Notwithstanding the patient passed through two of the most dreaded of all diseases, a complete and perfect recovery followed, leaving no trace of renal nor cardiac trouble. This case is of interest from a therapeutic point of view. Having used many of the new remedies that have been suggested in the treatment of diphtheria, I have found nothing as satisfactory as the above described remedies.

REPORTS OF CLINICS.

BELLEVUE HOSPITAL.

MEDICAL CLINIC—PROF. BEVERLY ROBINSON.

Stricture of the Œsophagus.

Case I.—A man, 43 years old, single, a tailor, native of Germany. He has been a hard drinker. Twenty years ago he had a hard chancre, followed by secondary symptoms, for which he was under treatment in Germany for five years. Since that time he has been treated at the different Dispensaries for rosaceous acne, rosacea, chronic pharyngitis and nasal catarrh, and gastric catarrh. He entered the Charity Hospital for trouble in the throat. For one year he has suffered from painful and difficult swallowing and inability to swallow solid food unless it was chopped very fine. He says he cannot talk for any length of time without losing his voice and being unable to speak above a whisper. He occasionally vomits his food, if taken in large pieces, immediately after ingestion. On no occasion has he vomited blood, coffee-ground or frothy material. He has lost very little flesh and suffers from no other symptoms.

The patient is given a glass of water to test his ability to swallow. He pauses between each mouthful and forcibly bears down as the liquid passes from his mouth. None is regurgitated. There is no coughing or choking. He places his hand at a point just below the cricoid cartilage, to locate the spot where he believes there is obstruction, and says he has to "press down" to force his food beyond this point.

His dysphagia is growing worse, and his condition is a serious one. Suffice it to say, thorough examination into his history proves him to be syphilitic. This being granted, what other condition have we here? First, has he laryngeal trouble, such as tubercular, syphilitic or cancerous? Probably not, from the fact that he easily swallows liquid and has difficulty with solid food. The reverse is the rule in laryngeal trouble. It is by no means a certain sign, however; but a very strong inference. And, besides, choking and coughing is absent. Further careful laryngoscopic examination is negative. Next, may there be paralysis of the pharynx? The patient shows no palsy, and gives no symptoms of mental trouble, or paresis, and inspection shows that the act of swallowing is sufficiently vigorous. Examination of the throat is also negative.

Has he then stricture of the œsophagus? And is it spasmodic, traumatic, carcinomatous, or syphilitic? It is not spasmodic. On questioning him, he says deglutition is not at all affected by nervous influences; and besides this is a condition almost always found in the female. Furthermore the bougie settles this fact. The patient has never swallowed any caustic fluid nor received any injury from lodgment of wounding substance in gullet, and so does not give a history of simple traumatic stricture. It is probably not carcinomatous, because he has never spat blood, and manipulation with the bougie is not followed by blood, and there has been no vomiting of froth or frothy matters. Examination does not reveal any tumor or enlargement in the neck.

On passing a medium sized bougie it is arrested at about eight inches from the teeth, a point corresponding to lower border of cricoid cartilage. On using a smaller instrument, then a still smaller one, both are arrested at the same spot. It has been determined at a previous examination that the stricture is about one inch in length and is dilatable, and the patient experienced some improvement after the operation.

The diagnosis of probable syphilitic stricture is made; may be from a gumma, may be from the scars of old ulcerations.

The treatment should be the daily passage of bougies, and instruction of the patient to pass them himself later on every second or third day, and together with the internal administration of mercury and iodide of potash. Thus the man may live for many years.

I advise you to study every case by itself, remembering that you may in practice find diseases which differ much from the form described in the text-books. Each patient may present a peculiar aspect of disease; I have never seen two patients and two diseases exactly alike.

Brain Syphilis.

Case II.—A man, 38 years old, widowed, a native of United States, and a carpenter. He denies that he ever had a venereal sore. Eleven and one-half years ago he had a suppurating bubo, and eleven years ago an eruption all over the body, but no other symptoms that might be called "secondary." He was well up to six years ago, when he had this attack. He went to bed well and awoke next morning with paralysis of the right side and aphasia. He does not remember to have lost consciousness. He had no convulsions. He was under treatment for one year; and then went to work. Two years after the first attack he had another—this time on the left side; and similar to first stroke. He regained his speech after six weeks and his power of movement in five months.

Examination shows some weakness on the left side and decided loss of power on the right side of the face and limbs, with dragging of the right leg and a characteristic hemiplegic gait. His sensation is good; his mind clear; and his appetite is good. His bowels are constipated; his urine has a specific gravity of 1.008 and shows nothing abnormal.

He has been under treatment with iodide of potash in increasing doses. This is to be continued, together with strychnine, electricity and nutritious diet. The differential diagnosis between embolism, thrombosis, hemorrhage, and the existence of arteritis is impossible. Certain points in the case lead us to one view, some to another; but we cannot hold any one view with positiveness. The course of the malady and the absence of loss of consciousness would make me favor the idea of embolism. I saw a case a few days ago in a private patient who was stricken in what appeared to be an apoplectic attack in Jersey City and was removed to the City Hospital. He was suffering from palsy of one side and convulsions of the other. Knowing him to be syphilitic, I so informed his attending physician. I learn to-day that the patient is rapidly improving under anti-syphititic treatment.

Dilatation of Heart.

Case III.—A man, 40 years old, a miller by occupation for the past thirteen years. He has always worked at night. He does not drink, but is a heavy smoker. Has always enjoyed good health, and has gained fifty-six pounds in weight in the last few years. Three months ago he had a sudden attack of "goneness" over the region of heart. He grew pale and almost fell, and thought he was going to die; but he did not lose consciousness. He had no vomiting or headache, no disturbance of vision.

He had vertigo for some minutes and felt weak for the rest of the day. He had another attack two weeks ago and another to-day. He has not been at work for some time, by advice; but he feels able to go, and says he seems well. He has no palpitation or dyspnœa.

Examination reveals a blowing murmur at the apex of the heart, and shows the heart sounds to be very indistinct and the heart's action to be very weak.

The patient is suffering from dilated heart, with probably one of two conditions: either a fatty degeneration, or a fibrous myo-carditis, which cannot be learned during his life.

The prognosis is decidedly bad. Of this I am very sure. He may drop dead at any moment. In most cases it is best not to acquaint the patient with this fact; for if we do the dread hangs over him and perhaps may shorten his life. But relatives should be informed fully, and the patient should be made to stop his business and give up bad habits. In this case smoking must be stopped—gradually, not suddenly; and a course of digitalis, iron and compound tincture of cinchona promises the most.

FOREIGN CORRESPONDENCE.

LETTER FROM BERNE.

O'Dwyer's Intubation in Acute Laryngeal Stenosis.—The Influence of General Massage on the Composition of Urine.—The Effects of Abdominal Massage on Assimilation and Metabolism.—Abdominal and Lumbar Massage as a Genuine Diuretic.

Berne, September 20, 1889.

Dr. O. Guyer, house physician to the Hospital for Children, in Zurich, reports twenty-seven cases of diphtheria in which O'Dwyer's intubation was performed on account of acute laryngeal obstruction, with thirteen (48 per cent.) recoveries and fourteen (52 per cent.) deaths. In all of the cases, the stenosis was so great that the only chance for saving the patient's life was in performing either tracheotomy or incubation of the larynx. The age of those that recovered varied between eight months and seven years, six patients being less than four years old. The age of the children that died ranged between one and nine years, seven being under four years of age. In eight of the fourteen fatal cases, tracheotomy was performed after intubation had failed. In eleven of the fourteen, death was caused by extension of the morbid process to bronchi; in two by supervening pneumonia, and in one by consecutive nephritis developing after the child had recovered from diphtheria. In all the fatal cases, cloudy swelling of the renal epithelium was found at the autopsy; in none could any injury to the larynx or trachea by intubation be detected. Pointing to the results (which are even better than those obtained by Drs. Dillon Browne and Francis Huber, whose respective series show only 27 and 40 per cent. of recoveries—*vide* the MEDICAL AND SURGICAL REPORTER, April 27, 1889, p. 516, and Feb. 2, p. 146), Dr. Guyer emphatically states that "Dr. O'Dwyer has done a great service to suffering humanity by introducing his method which, most decidedly, constitutes an essential advance in the treatment of laryngeal obstruction." True, he does not expect that intubation will ever supersede tracheotomy altogether, but he firmly believes that the former may limit the necessity for the performance of the cutting operation. Hence he insists that the tracheotomy bag should invariably contain all the intubation appliances. According to the author's personal experience, intubation may sometimes fail to bring relief to the obstruction where the cause of the latter lies above the false vocal cords, as is the case when there exists an intense swelling of the ary-epiglottic folds or of the tonsils and soft palate, accompanied by nasal obstruction. In the presence of such conditions, tracheotomy may yet be successful, after intubation has failed to give relief. Further, in exceptional cases tracheotomy may afford the only means for saving the child's life by a direct aspiration of bronchial pseudomembranes. Hence, the author lays down the following general rule: Given a case of extreme acute laryngeal stenosis, perform intubation at once; if no relief follows within a reasonable time, and if the symptoms point to bronchial diphtheria, do tracheotomy. Speaking of advantages of intubation, in comparison with tracheotomy, Dr. Guyer lays stress on its bloodlessness, simplicity (in regard to both the performance and the after treatment), its complete freedom from such risks as septic infection or consecutive hemorrhage, etc. As a rule, the tube can be safely and conveniently removed from the child's larynx on the fifth or sixth day.

The author's statements are fully endorsed by a colleague of his, Dr. W. von Muralf, the Chief of the Zurich Diphtheritic Station for children.

In order to study the influence produced by massage on the systemic metabolism in healthy man, Dr. H. Keller, of Rheinfelden, has carried out a series of experiments on himself. His daily dietery consisted of 500 grammes of chopped meat (tenderloin), 500 grammes of unsalted white bread, 100 of fresh butter, 2 of salt and 1,500 of water. Massage of the abdomen and all four limbs was performed daily for three-quarters of an hour by Dr. Mueller. The urine (but neither feces nor the food) was analyzed. The author has arrived at the following conclusions: 1. The bodily weight remained unaltered. 2. Massage does not possess any diuretic action (in the old-fashioned sense that it does not increase the amount of urine voided). 3. But it gives rise to an increased excretion of nitrogen. This, however, should be attributed, not to any increase in the decomposition of proteids, but simply to an intensified washing out of nitrogen from tissues in virtue of massage stimulating the circulation of blood and lymph. 4. The excretion is correspondingly augmented. 5. The elimination of chlorides and phosphoric acid steadily increases from day to day; and this must also be explained in the way indicated above. 6. The excretion of lime is, on the whole, similarly augmented, but is subject to considerable daily variations. 7. Therefore, massage of the whole body manifests a distinct influence on the chemical composition of the urine, increasing the elimination of nitrogen, sulphur, phosphorus, chlorin and calcium compounds. 8. The rise should be attributed, on one side, to increased absorption from the digestive tract, and, on the other, to increased energy of the metabolic processes. The first is induced by the mechanical action of massage on the abdomen; the second by the stimulating effects of massage on cell-activity, and by its acceleration of the blood supply as well as the reflux of the blood and lymph.

An important contribution to the biology of massage has been recently published by Dr. Boris I. Kïanovsky, house physician to Professor V. A. Manasseïn's clinic, in St. Petersburg. To elucidate the effects of abdominal massage on the assimilation of nitrogen and fats of food, and on the nitrogenous metabolism, he has undertaken nine most careful experiments, each of from 12 to 18 days' duration, on as many healthy subjects—himself and 8 medical students. As in all Russian experimental researches concerning the metamorphosis, the systemic changes were invariably determined by chemical analysis of the urine, the feces and every food-article ingested (and not of the urine alone, as in Dr. Keller's case), because a correct insight into the organic processes in question can be obtained in that way only. The essential results obtained by Dr. Kïanovsky may be summarized briefly as follows: 1. The assimilation of nitrogenous constituents of food invariably improves under the influence of abdominal massage, the increase varying from 1.4 to 5.762 per cent. 2. The assimilation of fats is also augmented, at a rate ranging from 0.657 to 3.242 per cent. 3. The nitrogenous metamorphosis rises from 0.6 to 10.9 per cent. 4. All these facts may be accounted for in this way. Abdominal massage improves the muscular and nervous tone of the body in general, and of the abdomen especially. It produces a stimulating action on the systemic circulation, especially in the abdominal cavity, as well as on the gastro-intestinal tract and other abdominal organs. This leads to an increase in the secretion of all digestive juices, and in intestinal peristalsis, the general result being better absorption and a better assimilation. 5. Appetite invariably improves. 6. Notwithstanding the increase in the nitrogenous metabolism, the body's weight as a rule invariably rises. 7. The *séances* are invariably followed by a pleasant sensation of wholesome fatigue and drowsiness. 8. In some persons, an incomplete erection of the penis occurs during the *séance*, and disappears shortly after it. In six out of nine persons the *séances* produce a desire to pass urine. Dr. Kïanovsky adds that thoracic massage, when performed during attacks of bronchial asthma, shows a distinctly sedative effect on the symptoms; and that general massage affords a useful adjuvant means in the treatment of poisoning by morphium.

Another able and substantial contribution to our knowledge concerning the biological effects of the mechanical method in question has been lately brought forward by another house physician to Professor Manasseïn's clinic, namely, Dr. Alexander A.

Polübinsky, whose investigations throw some light on the influence of abdominal and lumbar massage on the action of the kidneys. As far as the lumbar region is concerned, the manipulations consisted in circular, longitudinal and transverse (grasping) and pretty energetic frictions from the angle of the scapular to the buttocks. The abdominal massage was limited to *effleurage*, *massage á friction*, and *pétrissage* along the course of the colon. The *séances*, each of one-half hour's duration, were repeated once or twice daily. The number of persons experimented upon was ten, two of them being perfectly healthy, four neurasthenic, three convalescent from sciatica or pneumonia, and one suffering from bronchitis. The outcome of Dr. Polübinsky's observations is exceedingly interesting. He has found that: 1. Abdominal massage very considerably augments the amount of the urine passed by the patient during the next four hours—in fact the four hour quantity of urine sometimes is three times as large as the daily amount in a non-massage day in the same person, all other conditions being equal. 2. At the same time it very markedly raises the proportion of solid constituents, urea and total nitrogen of the urine closely tallies with the statement of Drs. Mary Putnam and V. S. White, who similarly observed an increased elimination of urea in the urine voided during four hours after the sitting of general massage. 3. As to lumbar massage, it apparently does not show any marked influence upon the quantity of the urine, but, on the other hand, it very considerably increases the amount of urea and total nitrogen in the urine, sometimes even to a larger extent than abdominal massage does. This increase, however, proceeds very gradually and is still marked in the urine voided many hours after a *séance*. 4. In view of these facts lumbar and abdominal massage may be justly regarded as a "genuine diuretic" measure and may be employed as such.

Under the denomination of a "genuine diuretic," the author, following Professor Manasseïn's teachings, understands, "such means as can eliminate from the system an increased (comparatively with the supply) percentage of *all* constituents of the urine, and not of water alone, without simultaneously decreasing the pulmonary and cutaneous losses." As to the latter, they are even increased by massage, as Dr. Stabrovsky's researches have unmistakably proved and explained in his *Inaugural Dissertation*, *St. Petersburg*, 1887. Dr. Polübinsky's highly instructive paper may be found *in extenso* in the *Vratch*, No. 22, 1889.

VALERIUS IDELSON.

PERISCOPE.

Hygienic Reform in Spain.

At a recent meeting of the Sociedad Española de Higiene, the President, Señor Martinez Pacheco, bewailed the apathy both of the Government and of the public in Spain with respect to sanitation. He mentioned several parts of the country in which malaria still prevailed, and others in which pellagra and leprosy were extending their ravages. The Society has formulated an appeal to the authorities, calling for the establishment of a public system of disinfection in every town of any importance, and the rigorous enforcement of the measures for that purpose approved of by the Congress of Hygiene held at Vienna. It was also urged that a transport service should be organized in every town for the removal to hospital of persons suffering with contagious disease. The Society further asked for the establishment of a proper drainage system in towns; that latrines and cesspools be abolished; and that every house be provided with drains properly trapped, and with pipes disconnected from the sewers. Other desirable reforms are indicated, and it evidently will not be the fault of the Society of Hygiene if a sanitary millennium is not soon inaugurated in Spain. We fear, however, that it will take the Society a long time to educate public opinion in that romantic but unsavory country up to its own level.—*British Med. Journal*, July 6, 1889.

Opening Buboes.

Dr. J. P. H. Boileau states in a letter to the *British Med. Journal*, July 6, 1889, that the best method of opening a bubo is a matter of much greater importance than at first sight appears, and especially to the military surgeon, who has so many of them to treat. He believes that a very considerable reduction of his "constantly sick" would be the result of a procedure different from that which now prevails.

It is now, he says, some four and twenty years since he abandoned the free incision by which he was taught to open a bubo, a method of opening which is still very generally adopted, apparently orthodox, and perhaps, in civil life, necessary. For he has many years invariably opened a bubo by a mere puncture with a narrow-bladed bistoury, and he is so very well satisfied with it that he intends to continue the practice. By adopting this method the most odious spectacle, "an open bubo," is avoided, as well as the reproach of a protracted cure; but not in all cases by any means, for sinuses will form that must be opened up, and the consequence of neglect, or a vitiated state of constitution, must be dealt with. It is necessary to observe that to obtain the best results a bubo should be opened at the proper time; not too soon before a sufficiency of morbid deposit has broken down, nor too late when the vitality of the tissues may have become impaired. The experienced operator chooses the right time, which is probably a very few days after the presence of pus has been diagnosticated. The small opening made by the bistoury will often be found closed the following day; it may be reopened by a blunt-pointed probe if necessary. The puncture, he says, is much less painful than the free incision, and it of course has the advantage of leaving but a very small mark, whilst it has no disadvantage, as it can at any time be converted into as long an incision as may be thought necessary. He is certain that the opening of a bubo by a free incision, instead of by puncture, often extends the duration of a case from days to weeks, or from weeks to months.

Shuttle Pulse.

Dr. C. H. Hughes in the *St. Louis Med. and Surg. Journal*, Oct., 1889, says:

There is a peculiar pulse which I have sometimes felt but never without a shudder, when felt in the radials of those whom I have loved—never without grave prognostic impression whenever perceived in any patient. Have you ever felt it, reader, and if you have, what has it signified to you? I mean the shuttle pulse, as I would call it; a pulse in which the pulse wave passes under your finger as if it were floating something solid as well as fluid—that something passes along the blood current under your finger like the weaver's shuttle through the loom. I have felt it in cases only where the blood was hydræmic and a local rheumatic inflammation existed or had recently existed within the heart.

I have called it the "shuttle" pulse because I can liken it to nothing else and because the impression it makes suggests the name. Have you felt it under these circumstances, or any other, and do you know a better name for it? If you have ever felt this pulse, did you ever know of a patient recovering after its appearance? Did you ever know a patient after its appearance to escape the consequences of embolic closure of vessels? To me it is the pulse of fibrinous coagula going the rounds of the circulation. Its portent has ever been evil. It is a pulse of dark prognosis and painful memories—the pulse of impending death in part or whole. I think I have never known a patient to live after such a pulse has been detected. It is the pulse of fatal rheumatic endocarditis or endo arteritis and its sequent and associate anæmia and emboli.

Angina Pectoris Caused by Compression of the Sympathetic Nerve.

From the majority of dissections, it has been found that the cause of angina pectoris is in all probability an irritation of one of the three nerves which assist in respiration: the phrenic, the vagus, and the sympathetic nerve; and, as a rule, the seat of the trouble is in the thorax. An exception to this rule was observed in the following case, which is reported in the *Deutsche Medizinal Zeitung* for August 1, by Dr. Humbert Mollière.

The patient, a man, 59 years old, who for ten years had been troubled with a cough, and two months before had had profuse diarrhœa with pain in the abdomen, and was greatly emaciated. In conjunction with the cough, he was also troubled by frequent and long-continued attacks of angina pectoris of a most severe form. Upon physical examination he was found to be suffering from bronchial catarrh, but no abnormal condition of the abdomen was found. For the next few days the attacks became much more frequent, and the patient rapidly lost strength and finally succumbed while suffering from an acute attack of the angina, in spite of all that was done to relieve his sufferings.

At the autopsy, it was found that the mesenteric and the prevertebral nerve ganglions had undergone cancerous degeneration; and that portion of the sympathetic nerve between the stomach and the pancreas was surrounded and compressed by a carcinomatous mass of lymphatic glands.

Emphysema was found in both lungs, as well as secondary carcinomatous nodules. The bronchial and pulmonary nerve ganglions were entirely intact, the ends of the vagus and phrenic nerves extended to the solar plexus. This last was compressed in such a way, that it was undoubtedly from this cause that the angina had proceeded. It is most probable also that in an analagous manner an irritation of the ends of the sympathetic nerve, which are in the mucous membrane of the bowels, would also give rise to angina pectoris.

Death After Taking Nitrous Oxide.

A painful death occurred in a dentist's house in Edinburgh recently. An old lady, of over 75, visited a dentist for the purpose of having a tooth removed for disease of the antrum. The operation was successfully conducted with the aid of nitrous oxide, but, while the cavity was being treated, the patient was observed to lapse into a state of unconsciousness. All efforts at resuscitation proved ineffectual and, before further medical advice could be obtained, death had resulted. It appears that the patient had suffered previously from weak cardiac action.—*British Medical Journal*, Oct. 12, 1889.

Trinitrin in the Treatment of Arterio-Sclerosis.

Huchard recommends a one per cent. alcoholic solution of nitroglycerine in the cases of arterio-sclerosis in which the preparations of iodine are not well borne. The average dose in which the remedy can be given, without the fear of bad secondary effects, is from ten to twelve drops a day, in five or six portions. The dose of twenty drops should not be exceeded, as with this quantity decided supra-orbital pains occur frequently. In order to prevent the patient from becoming accustomed to the remedy, Huchard allows the patients to take the preparations of iodine for twenty days each month, and trinitrin for the remaining ten days. If it is desired to administer the trinitrin in solution, a mixture can be made of thirty drops of a one per cent. solution of nitroglycerine and nine and a half fluid ounces of water, of which from four to eight tablespoonfuls may be given daily. Where a rapid effect seems desirable, as, for example, in angina pectoris, Huchard recommends the subcutaneous injection for two or three syringefuls of the following solution:

Alcoholic solution nitroglycerine (1 per cent.)	40 drops
Distilled water	150 "

Iodide of potash can also be combined with trinitrin:

Iodide of potash	5 drachms
Solution of nitroglycerine (1 per cent.)	30 minims
Distilled water	9½ fl. oz.

M. Sig. Two tablespoonfuls daily.

—*Wiener med. Presse*, Sept. 15, 1889.

Epidemic Nephritis in Children.

Dr. Stefano Mircoli, of Bologna, according to *Schmidt's Jahrbücher*, September 15, 1889, has observed fourteen cases of nephritis occurring epidemically, in the course of two months, in children varying from three to ten years of age. A very fine disease-picture was presented, unassociated with affections of the skin and other organs. It began with high fever, which fell after four or five days; then large albuminuria and tense œdema first appeared. Improvement occurred from the tenth to the fifteenth day, the disease never becoming chronic. Three of the children died. Acute redness and swelling of the cortex of the kidney were found in the case of the first child, which died on the fourth day of the disease. The kidney exhibited, on microscopic examination, the typical appearance of embolic septic nephritis. Cocci lay in heaps in the small vessels, in the glomeruli or in the connective tissues, and in the uriniferous tubules; the epithelium of the latter exhibited corresponding destruction, especially granular. The connective tissue was hypertrophied. In the cases of both the other children which died on the tenth and fifteenth day of the disease respectively—large white kindeys were found at the autopsy, but no coci. Mircoli thinks they had been present, but had died. Abundant albuminates were found in the uriniferous tubules.

Some Useful Remedies for Sleeplessness.

The following useful formulæ for the administration of hypnotics were given in a recent number of the *Deutsche med. Wochenschrift.*

℞	Amylen. hydrat.	grs. cv
	Aquæ destil.	f℥ii
	Ext. Glycyrrhizæ	ʒiiss

M. Sig. Half to be taken in the evening before going to sleep.

℞	Amylen. hydrat.	♏lxxv
	Mucil. Acaciæ	fʒv
	Aquæ destil.	f℥iss

M. Sig. For a clyster.

℞	Chloralis	ʒi
	Aquæ destil.	
	Syr. cort. Aurant. āā	fʒx

M. Sig. Dose, one to two tablespoonfuls.

℞	Chloralis	gr. xlv
	Potass. brom.	gr. lxxv
	Aquæ destil.	f℥iii
	Syr. Aurantii	f℥iss

M. Sig. The third part to be taken once, in the evening.

℞	Lactucarii	gr. ix
	Gum. Acaciæ	ʒi
	Aquæ destil. q. s. fiat emulsio	f℥vi
	Adde :	
	Syr. Aurantii	f℥i

M. Sig. A tablespoonful every hour.

℞	Paraldehyde	fʒi—fʒiss
	Aquæ destil.	f℥iii
	Syr. simplicis	fʒiiss

M. Sig. Half to be taken once.

℞	Phenacetin	gr. viiss—xxiii

M. Dispense doses tales No. VI.
Sig. One powder in the evening.

℞	Sulphonal	gr. xv—xxx

Divide in 5 equal parts.
Sig. One powder in *cachets* in evening.

℞	Urethan	fʒi
	Aquæ destil.	fʒx
	Syr. Aurantii	fʒv

M. Sig. To be given in tablespoonful-doses at intervals of one-half to one hour, according to desired effect.

—*Wiener med. Presse*, August 11, 1889.

The Toxic Effects of Coffee.

In the *Therap. Monatshefte* for March a case is recorded of poisoning with coffee. A strong and vigorous man, in the absence of his wife, prepared for himself some coffee. Ignorant of what quantity to use, he made the infusion very strong, using for the purpose two cupfuls—about two ounces and a half of the ground berries. Two hours and a half after drinking the infusion vertigo supervened; this was followed by severe headache and tremors, limited at first to the part, and then becoming generalized. To these symptoms were subsequently added flushing of the face, great palpitation, nausea, and vomiting. A practitioner saw the patient about six hours after the ingestion of the coffee, at which time the most prominent symptom was generalized and intense tremors, especially noticeable in the hands and face, in the latter instance rendering the patient's speech very difficult to comprehend. The face, moreover, was deeply flushed, and the forehead bathed in perspiration. There was much precordial pain, but the heart sounds were normal. Pulse 100, very full and bounding. The patient micturated frequently. Six drachms of bromide of potassium were prescribed in two doses, after which sleep was induced, and the symptoms gradually declined, the man being convalescent in three days.—*Medical Press and Circular*, June 12, 1889.

The French Surgical Congress.

The fourth French Surgical Congress was opened on October 7, 1889, in the amphitheatre of the Faculty of Medicine of Paris, under the presidency of M. Larrey, who succeeded M. Verneuil. About one hundred surgeons, members of the Congress, were present. The President delivered a short address, after which the Secretary-general, Dr. Pozzi, read a list of the names of the officers of the Congress.

Tænicides for Children.

Descroizilles and Duchenne suggests the following formulæ for the administration of tænicides to children (*London Medical Recorder*, June, 1889):

℞	Ext. Felicis Maris fl.	fʒss—fʒiii
	Ess. Anisi	♏x
	Aquæ Menth. pip.	f℥ss
	Aquæ Anthemidis	f℥i
	Syrupi,	
	Syrupi Aurantii cort. āā	fʒvi

M.

℞	Ext. Felicis Maris fl.	fʒi
	Hydrarg. chlor. mitis	gr. vii
	Sacchari	ʒii

Gelatine q. s. to make a jelly of a proper consistency.

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Write on paper of the size usually used for letters.

Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate or omit words like "the" and "a," or "an."

Make communications as short as possible.

Never roll a manuscript! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

CONTAGIOUSNESS OF LEPROSY.

From time to time during the past year, we have published different communications—abstract or editorial—bearing upon the subject of leprosy, which has been discussed very freely in this time. The readers of the Reporter are aware that in our opinion this disease ought not to be spoken of as contagious in the ordinary acceptation of this term, although it appears possible that it may be "communicatable" from one individual to another under peculiar and extremely rare circumstances. It is known, of course, that a certain number of pathologists are strongly convinced that the disease is contagious, but we doubt that the profession in general will fail to notice the great difficulty they find in bringing forward even a very small number of cases to justify this opinion, although leprosy is a disease which is to be found in almost every part of the world, and if it were contagious in any such sense as are other diseases to which the term is applied, the examples of contagion ought to be numerous and easy to discover.

It is interesting to note that Dr. George Dock, Professor of Pathology in the Texas Medical School, at Galveston, has recently reported two cases of leprosy, which seem to furnish important evidence in this connection. Dr. Dock is a pathologist thoroughly competent to express an opinion on this subject, and it goes for much when he states, after all he has studied in these cases, that "Contact alone, even when intimate and long continued, cannot be a source of danger, and that other factors, as predisposition (of which we know nothing) and solutions of continuity of both bodies, must play the most important part." The cases, which he describes admirably, were remarkable ones. Two men for a period aggregating thirteen years or more, associated with their fellows, and lived in the most intimate relations with their wives and children, and yet, so far, no other case of the disease had been acquired from them.

It seems impossible to determine the important question as to the contagiousness of leprosy in such a way that the conclusion shall be accepted fully, by both contagionists and non-contagionists; but from a purely judicial standpoint, we feel convinced that those who make the most of such evidences as exist that this disease may be conveyed from one individual to another, ought to select some other word to express their belief than that which is applied to the communication of small-pox, scarlet fever, and other diseases of the same kind. This not only is important from a scientific standpoint, but it is also of the greatest importance from a hygienic and social standpoint; for a true knowledge of the nature of this disease would probably prevent great and needless hardships to patients suffering with it, and—as is well understood in this city—might come very opportunely between conscientious and thoroughly competent practitioners of medicine, and an unreasonable and misguided community.

OPEN AIR TREATMENT OF CONSUMPTION.

At the last meeting of the Climatological Association, Dr. Henry J. Bowditch read a most interesting paper on open air travel in the treatment of pulmonary consumption. The text of the paper was based on the history of his consumptive father who succeeded in restoring his shattered health by taking a long journey in a one-horse chaise through New England. When he started on his trip he was very much reduced, and he had hemoptyses before he had traveled twenty-five miles. He was resolute, however, and pushed forward, and after that he had the pleasure of noting an improvement in his health on every succeeding day. He drove for thirty days and during that time passed through one hundred and thirteen towns, journeyed over seven hundred and forty-eight miles of wagon-road, and returned to his home much better than when he left it. Afterwards a permanent cure was effected by walks of one and a half to two miles, taken three times daily during the remaining thirty years of his life. He died at the age of sixty-five, from cancer of the stomach, the apex of one lung showing an old cicatrix, but otherwise both lungs were normal.

This case presents a most instructive lesson to us, inasmuch as it points out at least one method by which consumption may be successfully circumvented. There is no question that pulmonary consumption is a constitutional disease, which, as was suggested in an Editorial in the REPORTER, September 7, 1889, can be rationally treated only by economizing the bodily forces—which means a diminution of the outgo, and an increase of the bodily income. The outgo is the waste caused by the fever, loss of flesh, anorexia, insomnia, night-sweats, and cough. So long as this equals, or outbalances the bodily income derived from the food, air, etc., so long will the patient's condition remain the same, or decline. Exercise is likewise a drain on the bodily resources, and just so long as this fatigues, just that long should the patient be restricted as closely to absolute rest as possible. If Dr. Bowditch's father had chosen to walk, instead of remaining practically quiet in his carriage, as he rode through the country, it is exceedingly doubtful that his mission would have been crowned with the same success. The exercise which brings tone and trength implies the pre-existence of strength, and this if properly used and nourished will grow and accumulate. But the consumptive is in a chronic state of exhaustion, and has no strength, or very little, to spare for exercise. A short walk, a few forced respirations, or swinging of the dumb-bells, will often utterly sap his strength. Whether by instinct, or by conscious effort, it is very clear that Dr. Bowditch's father struck the proper mean in this matter. He waited until he was sufficiently strong to bear physical exercise, and then its application was followed by the happiest results. The wisdom of his course is also approved by the practice now in vogue of treating consumptives in the lying or sitting position in the open air, or of shutting phthisical patients up in a sailing vessel which is bound for a distant port.

Although treatment of this sort is carried on in the open air, we are not disposed to credit all the good that comes from it to fresh air alone. Indeed it is probable that the breathing of a vitiated air is less harmful than is generally believed. The inhabitants of cold countries, like those of Iceland, Greenland, and Lapland, live in crowded underground hovels, and breathe an atmosphere loaded with a filth that is exhaled from the body, yet these people are practically free from pulmonary consumption; while those people who live in the tropics, and who have a bountiful supply of fresh air streaming through their houses day and night the whole year round, do not by any means enjoy an immunity from this disease.

While not in the least desiring to underrate the value of good ventilation we cannot help thinking that when stripped of all its paraphernalia the treatment of pulmonary consumption in its most serious stage is not so much a question of physical exercise and pure air as it is one of real physiological rest of both body and mind. A consumptive must be removed from his occupation; his activity must be bridled; his habits must be revolutionized; his fever must be reduced; his appetite must be restored, and his sleep must become restful. A game of chess, checkers, or whist, the reading of a novel, a ride through the country, the monotony of an ocean voyage, or a trip to the mountain, are all to be reckoned, provided they weary neither body nor soul.

TREATMENT OF TETANUS.

Cases of recovery from tetanus are rare enough to be deserving of careful study, and great interest attaches to the report of such an occurrence in the *Lancet*, Oct. 12, 1889.

The patient was a boy, seven years old, who developed symptoms of tetanus after receiving a burn upon the leg. He had well-marked spasms of the glottis and opisthotonos. The spasms came on very often, and during their continuance the heart beat tremulously and the whole body was bathed in perspiration. A hypodermic injection of $\frac{1}{100}$ grain of salicylate of eserine every three hours, was ordered, and a mixture, containing ten grains of bromide of potassium and half a drachm of syrup of chloral hydrate, in half an ounce of water, was given every three hours, the medicine being given an hour and a half after each injection. The diet was beef tea and milk. Under this treatment the patient did well, getting a good deal of sleep for forty-eight hours, when the dose of eserine was increased to $\frac{1}{60}$ grain. Nine days later the use of the bromide and chloral mixture was discontinued and the eserine was injected only three times a day. At this time the rigidity of his abdomen still continued, but he could open his mouth widely. There were a few moist râles at the bases of both lungs. The next day the risus and trismus were almost gone; the temperature was 98.6°; the pulse 86; the respiration 19. Ten days later the injections of eserine were discontinued.

The time during which this treatment continued was over three weeks, and the cure seems to have been brought about by the prolonged use of the remedies: Eserine with chloral and bromide of potash for eleven days, and eserine alone for twelve days more.

Mr. J. R. Raywood, who had the patient under his care, attaches the greatest importance to the use of the eserine. Its action, he says, was most marked; for although the bromide and chloral may have assisted to recovery, yet these drugs had no direct control over the spasms. Whenever a dose of eserine was omitted the muscular spasms were stronger and more frequent, and no relapse occurred when the bromide and chloral were discontinued.

The management of cases of tetanus is so troublesome and usually so unsuccessful that it is pleasant to be able to record even single cases in which recovery has taken place. Our readers are quite aware that the remedies used in the case just described are not new, and they may even have employed them with much less fortunate results. None the less it is worth while to study the details of the case carefully, in order to see if it may not furnish useful suggestions for the management of this dreadful disorder.

SMALL PLAGIARISMS.

Once or twice lately we have adverted to the matter of plagiarism in the medical journals and have called attention to rather heinous examples of it. But there remains a species of plagiarism which deserves a word, because—while less serious in some senses—it is a more frequently occurring breach of courtesy and morals. This is the practice of stealing abstracts and translations from other journals, which is usually indulged in by obscure publications, but which at times is not too small for journals of which better things might reasonably be expected. An example of this is to be found in the *Journal of the American Medical Association* for October 26, which contains a short article that was translated in the office of the *Medical News*, and published in its issue of September 14. This has been appropriated, word for word, without naming the source from which it was derived and in a way calculated to convey the impression that it was a translation made in the office of the Journal of the Association. Such a proceeding is never admirable and it is especially to be regretted that it appears in a journal which represents the American Medical Association, and which ought to set an example of austere virtue to the other journals of this country.

OBLIGATORY ATTENDANCE BY PHYSICIANS.

The close watch and rigorous supervision which are exercised in most European countries over all trades and professions have many advantages, but they have also a certain accompanying disadvantage. On the one hand, it is not so easy as in freer lands for the unworthy to impose upon the credulity of the community; but on the other hand the censorship of the Government sometimes proves trying to those who are worthily pursuing their avocations. An illustration of this is to be seen just now in Austria, where the members of the medical profession are endeavoring to obtain from their Parliament modification of an existing law, which imposes a fine of one hundred florins (about fifty dollars) upon any practicing physician or midwife who, without a satisfactory reason, refuses assistance in any case where it is urgently needed and cannot be obtained from others. This law the physicians of Austria wish to have amended so that it shall name the diseases or conditions in which assistance shall be regarded as "urgently needed," so that the construction of the term shall not depend upon the fears or prejudices of the people. They also ask that a provision shall be inserted, that the Courts shall not consider any complaint under this law until after an opinion on the case has been obtained from a competent medical man.

Our sympathies go with our brothers beyond the sea in this matter, and we agree with them them that the law, as it now stands, contains a needless imputation against the fidelity of the profession; more than that, it furnishes altogether too easy a method for bringing a most serious and damaging accusation against any individual physician who may incur the ignorant or malicious ill-will of others. It is not so much the matter of the fine, but rather the shame of the thing which we find objectionable.

In this country we know of no law on this subject; although we believe that a Court has held that a physician must respond to the call of those who summon him, unless he can give a good reson for refusing to do so. This, however, is no source of danger here; and a physician must be in bad plight who cannot justify his conduct in a case in which humanity does not demand his immediate response—and if one refuses when humanity demands his action, he ought to suffer for it.

For the present, for these and other reasons which we cannot now go into, we may be satisfied with the state of our own laws on the subject, and hope our Austrian colleagues may get rid of theirs.

◆

—If you use a fountain pen, and find it difficult to unscrew the tip, wrap a rubber-band a few times around it, and this will give you a good grip. A string or dampened piece of paper will also help.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

ELECTRICITY IN FACIAL BLEMISHES. By PLYM S. HAYES, A. M., M. D., Late Professor of Chemistry and Toxicology, Woman's Medical College, Chicago, etc. 12vo, pp. 128. Chicago: W. T. Keener, 1889. Price, $1.00.

This small book is devoted entirely to the subject of the use of electricity in the removal of facial disfigurements, such us superfluous hair, port-wine marks, moles, and similar blemishes. The method referred to is that known as electrolysis. As to be supposed, the operation for the removal of superfluous hairs receives the greatest attention, and the several steps of this delicate operation are intelligibly described. The volume may be looked upon, indeed, as a counterpart of what is to be found in recent dermatological text-books; but it is more minute in the details, and therefore probably of greater value to those who have had no experience in the use of this method.

ORTHODONTIA, OR MALPOSITION OF THE HUMAN TEETH; ITS PREVENTION AND REMEDY. By S. H. GUILFORD, A. M., D. D. S., PH. D., Professor of Operative and Prosthetic Dentistry in the Philadelphia Dental College, etc. 8vo, pp. 186. Philadelphia: Spangler & Davis, 1889. Price, $1.75.

This book has been written at the request of the National Association of Dental Faculties, in furtherance of its plan to secure the preparation of a series of text-books for use in American Dental Colleges. In the first part of the book, the author discusses the principles involved in the correction of irregularities in the position of human teeth; in the second part, the materials and methods employed in correcting the irregularities; while the third part is devoted to a description of the specific forms of irregularity and to their treatment.

Dr. Guilford asserts that scarcely any deformity of the mouth and teeth is beyond mechanical remedy, but he cautiously adds: "What is possible may not always be advisable." His language is clear and to the point. The chapters and also the minor subdivisions are arranged so that any one can tell without difficulty what each page is about. The illustrations, of which there are eighty in all, are excellent. The book is handsomely printed on good paper and in clear, large type, so that in all respects it can be cordially recommended to students and practitioners of dentistry.

ESSENTIALS OF PATHOLOGY AND MORBID ANATOMY. By C. E. ARMAND SEMPLE, B. A., M. B. Cantab.; L. S. A., M. R. C. P. Lond.; Physician to the Bloomsbury Dispensary, etc. 8vo, pp. xvi, 160. With forty-six illustrations. Philadelphia: W. B. Saunders, 1889. Price $1.00.

This book gives a very good general review of pathology, including inflammation, tuberculosis, the degenerations, tumors, diseases of the blood, syphilis, hypertrophy, atrophy, the pathology of the urine, and animal and vegetable parasites. The last three subjects are rarely considered in so small a work as the present one, but they are, in the main, very well treated. The illustrations vary greatly in relative merit; those of tuberculosis and of the tubercle bacilli are excellent, while those illustrating the parasite of ring-worm and of favus are very poor. It would have been much better, also, to have given a picture of ringworm of the scalp, showing the spores invading the hairs, than of ringworm of the body; for the latter is much easier to recognize than the former.

Dr. Semple has succeeded in compiling a very useful little book. He has given the important parts of the subject briefly but clearly. The printing, however, is from old plates or with much-worn type.

LITERARY NOTES.

—*Lippincott's Magazine* for November contains an interesting article on "The Question of Pure Water for Cities," by William C. Conant.

—It is announced that on January 1, 1890, *The Journal of Comparative Medicine and Surgery* will appear with a slightly changed title, and as *The Journal of Comparative Medicine and Veterinary Archives* will be issued *monthly* instead of quarterly as heretofore. *The Journal of Comparative Medicine* will continue to note all new matters in the rapidly advancing progress made in the study of the anatomy, physiology, pathology, and therapeutics of all animals; and the scientific writers who have aided in establishing the reputation of the Journal as a pioneer in publishing original researches in regard to our lower brethren, will continue to contribute to its pages. The *Veterinary Archives*, once a month, will place before its readers immediately a complete record of all the important and interesting discoveries, news and advances in veterinary medicine.

The subscription price is raised to $3.00, payable in advance. Subscribers who have already paid in advance will receive the monthly until the date on which their subscription terminates. The Junior editor, Dr. Huidekoper, will assume the active management of the Editorial Department instead of Dr. W. A. Conklin, of New York.

CORRESPONDENCE.

Accusation against a Physician.

TO THE EDITOR.

Sir: There has recently come before the courts of Lackawanna County, Pa., a case of much interest to the medical profession. Especially is it valuable to the younger practitioners, some of whom, unless this lesson is heeded, may, like the unfortunate doctor in question, awake some morning to find themselves famous in quite another way than did the immortal Byron. Dr. X., a young physician of this city, was called hurriedly, one day last March, to see Mrs. M., a reputable married woman, living near him. He found her in a hysteroid state, and by questioning discovered that she was suffering from prolapsus uteri—such, at least, was her diagnosis. He discovered also that for many years she had been accustomed to have "fainting spells," during which, however, she retained consciousness. He made an engagement for another visit on the 30th of the month, when he saw her at her home. There were present in an adjoining room the woman's little daughter and a servant girl, aged about seventeen years. According to the patient's story, the doctor placed her in Sims position on her bed; but, instead of proceeding with the vaginal examination, deliberately commenced to loosen her dress at the bosom and took further unwarranted liberties with her person. She shrieked and leaped from the bed, brandished a chair and drove him from the house. To this she testified under oath, and two of her neighbors testified that her little girl came running for them, and that upon arriving at the house, they found the woman sitting in a chair and "feeling bad." The doctor testified that, after placing the patient in Sims position he put one hand over the uterus, intending to make a bi-manual examination, and introduced his index finger into the vagina; that when his finger was partially introduced the woman leaped from the bed, began crying, and said: "I've been in my father's mansion for twenty years, and now I'm ruined." He endeavored to quiet her, but, not succeeding, left the house. Having previously made arrangements to leave the city—a fact not questioned by the prosecution—he did go, and on his return was arrested on the charge of attempt to rape with assault.

Testimony from several clergymen and other reputable citizens was introduced, showing the previous good character of the physician, also medical evidence to the effect that the plaintiff was hysterical and that vaginal examinations in this class of cases were often made the basis of unfounded and baseless charges against the physicians. One physician testified that he had been thus accused by an hysterical women, even though the examination was made in the presence of her own husband. Judge Connelly, in his charge to the jury, remarked that he was "firmly convinced that hysterical women under the excitement of a vaginal or uterus examination often made unfounded and unreasonable charges against their physicians." He further told the jury that, if a "reasonable doubt" existed in their minds as to the defendant's guilt, they should promptly acquit him. The jury was out nearly four hours, and returned with a verdict of *guilty*, though recommending the doctor to the mercy of the court.

Yours truly,
S. M. W.,
Scranton, Pa.,
Oct. 30, 1889.

Telephone Probe.

To the Editor.

Sir: In regard to the criticism on my probe in the Reporter, of Oct. 19, I beg to state, in addition to your reply—which was correct—that the "making" and "breaking" of a telephone circuit does not cause audible sounds in the telephone unless the points of contact be *metallic;* and that, although the current is partially closed, the moment the probe comes in contact with moist tissue, no indication is given until a metallic contact is "made" or "broken." I may also add that my invention does not only exist "on paper," but is a practical one, and will "act as described."

Yours truly,
Harvey B. Bashore, M. D.,
West Fairview, Pa.,
Oct. 26, 1889.

NOTES AND COMMENTS.

Devouring Offspring.

Dr. William Duncan, in a recently published paper on the fer-de-lance, one of the *Crotalidæ*, or pit vipers, of the West Indian Islands, says that the female fer-de-lance devours her young in very wholesale fashion. This dangerous serpent is very prolific, and sometimes brings forth as many as two hundred young at a birth, seldom less than one hundred. Dr. Duncan says the female fer-de-lance, when about to bring forth her young, generally selects a fairly open or cleared space, a mountain footpath being a favorite spot. Along this she crawls slowly, dropping her young one by one on the way. As soon as the last has been brought forth, the faint and hungry mother turns and devours the first of her brood that meets her sight, and continues this unnatural course until satiated with her repast, or she finds no more of her offspring to glut her rapacity. Naturally many of them, three-fourths at least, escape, and these the strongest—a clear case of the survival of the fittest. This has been observed by several planters in St. Lucia, and has been mentioned to me independently by Mr. E. S. Gordon, Mr. A. R. Marucheau, and Mr. Marius Devaux, and others of the colony.

These statements, taken from *Science*, Oct. 18, 1889, are directly contrary to observations made upon the crotalidæ of Asia, by Dr. de Lano Eastlake, who read a paper on this subject before the Japan Branch of the Royal Asiatic Society in 1886. Dr. Eastlake says that the majority of the crotalidæ bring forth only from ten to fifteen young at a time, and the fer-de-lance is no exception to this rule. Regarding the infanticide tendencies of the reptile, there must also be some mistake. The *mamushi* (*Triginocephalus Bloomhofii*) of Japan and China will frequently defend their young at the cost of their own lives, and the Japanese say that the infant vipers will run into their mother's mouth to escape from danger.

Extraordinary Abdominal Injury.

Mr. A. H. S. Todd, House-Surgeon, Monkstown Hospital, reports in the *British Med. Journal*, Oct. 5, 1889, an extraordinary abdominal injury, which occurred a few miles outside Dublin, during the haymaking season last summer. A man, aged 22, was working at a hayrick, and, for descent, slid down the side of the rick. Making an effort to clear the back of the rick, he alighted on the handle of a pitchfork which was stuck upright into the ground about two feet from the base of the rick. The handle entered his perineum, lacerating it to its full extent. With an effort he got off the pitchfork and walked round to the other side of the rick, when he fell down in a collapsed condition. He was then conveyed to Dr. Steevens's Hospital, where he was attended to by Dr. Myles, who washed out the wound in the perineum and found the sphincter ani completely lacerated and the lower end of the rectum "in a pulp," as he expressed it, the feces escaping involuntarily with clots of blood. He could discover no laceration into the abdominal cavity. On examination over the abdomen a peculiar splashing sound was elicited in the right iliac fossa, and the abdominal muscles were found boardlike in their rigidity. At 6 P. M. Dr. McCausland and Mr. Todd made a further examination, and found urine escaping from the bladder mixed with blood. A known quantity of corrosive sublimate solution was injected into the bladder, which returned immediately in its entirety, negativing any communication with the perineal wound. The patient every five or ten minutes passed urine intimately mixed with blood; there was no ecchymosis in the loins, no pain felt down the ureters, and no anæsthesia in the upper part of either thigh. The patient rallied somewhat from the shock under the influence of opium, but died at 4 A. M. next morning. On *post-mortem* examination the abdomen was found enormously and uniformly distended with gas, and decomposition had already set in. Although the examination was made within twenty-four hours of death, *rigor mortis* was well marked. The perineum was lacerated from the central point to the coccyx. On incision an enormous quantity of gas escaped, the omentum and small intestines were found covered with a thick layer of feces, and a considerable amount of fluid was found in the pelvis (probably introduced in washing out the perineal wound). The small intestines were bruised and congested in several places; all the organs were congested; and, scattered here and there over the visceral peritoneum of the intestines, were little spots of adherent lymph, as though a certain amount of reaction had taken place before death. On examination of the kidneys, the left was found lying in a huge clot of blood in a lacerated and bruised condition. The rectum was lacerated in a longitudinal direction to the extent of two inches in its first stage, close to the brim of the true pelvis on its left side. The ureter, bladder, and prostate were uninjured.

Philadelphia Polyclinic.

The Philadelphia Polyclinic has recently elected the following Emeritus Professors: Dr. Richard T. Levis, of Surgery; Dr. S. Solis-Cohen, of Diseases of the Throat; Dr. Charles H. Burnett, of Diseases of the Ear; Dr. Charles B. Nancrede, of General and Orthopedic Surgery.

An additional chair of Orthopedic Surgery was established, and Dr. Thomas G. Morton was elected to it.

A department of Dentistry was created. A department of Experimental Therapeutics and Physiology was created, and Thomas J. Mays, M. D., was elected Professor. The Clinical Chair of Surgery was filled by the election of Thomas S. K. Morton, M. D. Professor.

C. L. Bower, M. D., was elected Adjunct Professor of Clinical and Operative Surgery and J. Abbott Cantrell, M. D., Adjunct Professor of Diseases of the Skin.

The Chair of Pathology was left vacant.

Treatment of Endometritis.

In the treatment of the milder cases of endometritis, Terrier introduces medicated pencils into the cavity of the uterus. He recommends for this purpose, in the *Semaine médicale*, iodoform or corrosive sublimate:

℞ Iodoformi	gr. cl
Gummi tragacanth	gr. viiss
Glycerini,	
Aquæ destil. āā	q. s.
Ut fiant bacilla (pencils) No. X.	

The pencils made according to this formula are said to be about the size of sticks of nitrate of silver. Resorcin or salol may be used instead of iodoform.

Terrier recommends the following formula for making corrosive sublimate pencils:

℞ Hydrarg. chlor. cor.	gr. viiss
Talc.	ʒ viss
Gummi tragacanth	gr. xxiij
Aquæ destil.,	
Glycerini āā	q. s.
Ut fiant bacilli No. L.	

The vagina is first washed out with a one per thousand solution of corrosive sublimate, and then the pencils are introduced into the cavity of the uterus. They are prevented from slipping out by tamponing the vagina with iodoform gauze.—*Wiener med. Presse*, June 9, 1889.

Treatment of Fractures of the Spine.

The treatment of fractures of the vertebral column entailing compression or of damage to the spinal cord, has not hitherto been either active or successful. The surgeon for the most part gives Nature a free hand, and beyond some attempt at fixation, does nothing except minister to each symptom as it arises. Of course there are cases in which the injury to the cord is so severe, that even under the most favorable circumstances the patient cannot hope to be spared the immediate paralysis and subsequent degeneration. There must, however, be others in which, as in corresponding injuries to the cranium, the damage is confined to pressure and irritation either from splinters of bone or laceration of the membranes, with hemorrhage. In this latter class of cases it seems possible that the surgeon may yet intervene with some prospect of success in relieving a condition which, if left to itself, soon brings about chronic nerve changes, resulting in permanent disablement and even a fatal result at no distant period. Mr. Herbert Allingham recently trephined in two cases of fracture of the spinal column, and although the improvement was not all that one could have wished, he at any rate succeeded in demonstrating, on the lines laid down by Mr. Victor Horsley, that the operation of exposing the cord is neither difficult nor dangerous. That, after all, is of more importance than the result in the first two or three cases, since his success, in so far as the operation itself is concerned, may tempt other surgeons to follow up the idea. It may almost be laid down as a rule in surgery in cases of injury to the spine, that if, at the end of a week, no marked improvement has taken place, the proper course is to explore.—*Medical Press and Circular*, April 24, 1889.

Polyclinic Therapeutical Society.

At the last meeting of the Polyclinic Medical Society, a therapeutical section was formed from among the faculty, clinical assistants, and students of the Philadelphia Polyclinic, whose object is the scientific and systematic investigation of the action of drugs and remedies in the cure of disease. The Executive Committee of this section formulates a programme of practical work for each meeting, decides what drugs or remedies are to be investigated during the following months, devises specific directions in regard to such investigations, and supplies printed blank forms to carry the work into practical effect, with which any member of the profession who desires to take part in the research will be furnished free on application. These blank forms are filled out by the observer and returned as soon as the investigation is completed, which will be at the end of one or two, and not later than three months; at which time the reports will be analyzed and presented at the following meeting with due credit to each contributor, and the results will be published in the medical journals. It is believed that a combined effort on such a large scale will not only benefit those engaged in the work, but will be of great value to practical therapeutics.

Dr. Mays read a paper on *Olive Oil in Gall-Stones*, and olive oil in this affection was made a subject for investigation during the next two months. All communications in reference to this subject should be addressed to Therapeutical Section, Philadelphia Polyclinic.

Morphine and Morphine Solutions.

The *Pharmaceutical Journal and Transactions*, says M. Lamal, attributes the turbidity, yellow color, and acid reaction which are developed in aqueous solutions of morphine salts, as well as the separation of crystals, to the action of light and organized ferments (*Journal de Pharmacie et de Chemie*, January 15, page 62). The yellow color he considers to be due to the formation of an amorphous substance that appears to be identical with the morphetine of M. Marchand; the crystals are said to be the result of the oxidation of morphine to oxymorphine, and the acid reaction is referred to both morphetine and salts of oxymorphine. The formation of apomorphine in solutions of salts of morphine is denied. M. Lamal states, as the result of his experience, that an aqueous solution made with a perfectly pure salt of morphine and double-distilled water will remain unaltered as long as it is kept sheltered from light and atmospheric dust. In the organism, M. Lamal says, morphine is sometimes entirely, sometimes partially converted into oxymorphine, both the oxymorphine and any unaltered morphine being eliminated with the urine. It would be important, therefore, in toxicological investigations to search in the blood, urine, and vascular organs for oxymorphine, the presence of which would be an additional proof of the ingestion of morphine. —*National Druggist*, July 1, 1889.

Dextrin Mucilage for Embedding.

For those who use the freezing microtome, it will be found useful, in the present high price of gum-arabic, to know that gum-dextrin answers just as well as the former, and costs only about one-fifteenth as much. Mr. T. L. Webb writes upon this point to the *Provincial Medical Journal*, as follows:—"I find that by making an aqueous solution of carbolic acid (about 1 part of the acid to 40 parts of water) and dissolving therein sufficient dextrin to make a thick syrup, a medium is obtained which is superior to the time-honored gum and sugar in three ways. It freezes so as to give a firm support without becoming too hard; it keeps better than gum, in which several kinds of fungi are apt to grow; and it is much cheaper, costing only about fourpence (8 cents) per pound, while powdered gum accacia costs five shillings ($1.25). Dextrin dissolves but slowly in cold water, so that a gentle heat is advisable when making the mucilage."—*St. Louis M. and S. J.*, Oct., '89.

Beer Compared With Other Alcoholics.

For some years a decided inclination has been apparent all over the country to give up the use of whiskey and other strong alcoholics, using as a substitute beer and other compounds. This is evidently founded on the idea that beer is not harmful, and contains a large amount of nutriment; also that bitters may have some medical quality which will neutralize the alcohol which it conceals, etc. These theories are without confirmation in the observation of physicians. The use of beer is found to produce a species of degeneration of all the organs. Profound and deceptive fatty deposits, diminished circulation, conditions of congestion, and perversion of functional activities, local inflammations of both liver and kidneys are constantly present. Intellectually a stupor amounting to almost paralysis arrests the reason, changing all the higher faculties into a mere animalism, sensual, selfish, sluggish, varied only with paroxysms of anger that are senseless and brutal. In appearance, the beer-drinker may be the picture of health, but in reality he is most incapable of resisting disease. A slight injury, a severe cold, or a shock to the body or mind, will commonly prove acute disease, ending fatally. Compared with inebriates who use different kinds of alcohol, he is more incurable, and more generally diseased. The constant use of beer every day gives the system no recuperation, but steadily lowers the vital forces.

Recourse to beer as a substitute for other forms of alcohol merely increases the danger and fatality.—*Scientific American.*

NEWS.

—Five Chinese lepers were shipped home from San Francisco, Oct. 29, on a Hong Kong steamer. Among them was a man who was sent to San Francisco from New York, where he had been employed as a cook for laborers on the Croton aqueduct work.

—Dr. Isaac E. Taylor, founder of Bellevue Hospital Medical College, died suddenly, Oct. 30, in New York City, of pericarditis, in the seventy-eighth year of his age. He was born in Philadelphia in 1812 and was graduated at the University of Pennsylvania in 1834.

—The Indiana State Board of Agriculture has advices from many of the northern and northwestern counties saying that hog cholera is epidemic, and that hundreds of hogs are dying daily, and that the disease is steadily increasing. No remedies appear to have any effect, and all attempts to stop the spread of the disease have failed.

—The spread of diphtheria and scarlet fever in Lawrence, Massachusetts, has become so alarming that in all the Catholic churches Oct. 27 the priests warned the people not to visit from house to house any more than was necessary. It is stated that no funeral of the victims of these diseases will be allowed from the churches.

—Rear-Admiral J. H. Gillis writes from Montevideo, September 11, 1889, that yellow fever is breaking out in various parts of Brazil, also in the city of Rio de Janeiro. This indicates an unusually sickly season, and he strongly urges, that unless circumstances arise rendering the presence of one of our vessels imperatively necessary, none be permitted to visit infected ports of Brazil this year.

—At the last meeting of the Prussian Academy of Sciences, a large number of grants were made for scientific and medical purposes, amounting in all to 18,000 marks, or about $5,000. To Professor Brieger a grant of 1,800 marks ($500) was made to enable him to continue his investigations regarding the ptomaines, and to Dr. Fleischmann, of Erlangen, a like sum to enable him to procure material for his embryological researches. Many other grants were also made but were for biological or other scientific purposes.

—At a meeting of the Philadelphia Pathological Society held October 10, Dr. Henry F. Formad was elected President for the ensuing year, and Drs. John H. Musser, John Guiteras, H. R. Wharton, and A. V. Meigs Vice-Presidents. The retiring President, Dr. F. P. Henry, read his annual address, calling attention to the flourishing condition of the Society, and the valuable work which has been accomplished during the past year—work that will constitute a record of great credit in the coming volume of the Transactions.

—A remarkable occurrence is reported from Belgium, where several inmates of a newly-constructed almshouse died very suddenly and without apparent cause. Investigation revealed the fact that the water supplied to the institution, which came from a spring near by, contained 0.7 of a grain of arsenic acid to the gallon, and it has since been used medicinally as a substitute for Fowler's Solution. Arsenical mineral waters have been known before, but this is the first instance on record where fatal accidents have occurred from their use.—*Popular Science News*, Oct., 1889.

—Dr. C. A. Lindsley, Secretary of the Connecticut Board of Health, has nearly finished an examination into the causes of the prevalence of typhoid fever at Yale College. Of the eight cases among the 1,500 students at the college, of which three have resulted fatally, Dr. Lindsley finds that all began during the first two or three weeks after the opening of the college term, and that during the last two weeks no new cases have developed. Most of the cases came on almost immediately after the term began. Dr. Lindsley therefore is convinced that the seeds of the fever existed in all the cases of the affected students before they came to New Haven.

—The United States Consul at Tien Tsin, China, has notified the Department of State of an important step taken by Li Hung Chang, Grand Secretary of State for China. Li Hung Chang has decided to establish a medical service for the Chinese army and navy on the basis of the best Western models. That he may have the best of these to study, he has solicited the help of the State Department of Washington to obtain a complete collection of the present regulations of the Medical Department of our army and navy. The proposed Chinese service is to be under a foreign Surgeon-General with an adequate staff of assistants. It will include hospitals and dispensaries at various places, a medical school, and native surgeons for the fleet and the military stations of North China.

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CLINICAL LECTURES.

MULTIPLE NEURITIS.[1]

BY CHARLES G. STOCKTON, M. D.,
BUFFALO, N. Y.

PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE, UNIVERSITY OF BUFFALO.

Gentlemen: I have the pleasure of showing you this morning a case which is, in a number of ways, worthy of our closest attention.

The history is as follows:—"Mrs. C., aged 41, born in England; has three children; menstruation regular until about a year ago, when it became irregular and the patient experienced numb feelings in the legs, feet, arms and hands; the feet felt puffed up, but were not so; pains in the legs, not constant, complained of; there is no history of syphilis; the patient had rheumatism eleven years ago, but the attack was not acute. She enters with a brownish complexion, and has a large mobile tumor in the right abdomen which reaches from the umbilicus, the spine, the left hypochondriac and the epigastric regions, down to the crest of the ilium. It never has been painful. Her sclerotics are slightly jaundiced and pigmented. She has a goitre dating back as far as her memory reaches. The tumor is hard, smooth, and regular in outline. Her temperature was 100.4° on entering; her appetite is fair, her bowels are regular, and her urine presents no peculiarity.

This woman came here because of lack of power in the hands and feet; but as I looked her over, to note the general appearance, the first thing that struck me was the complexion. Her eyes and hair are dark, the complexion dark brown but apparently not that which comes from nature, but one changed probably by disease. You notice in the neck an enlargement which has, very properly, been called a goitre.

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[1] Delivered at the Buffalo General Hospital.

On asking the patient to hold up the hand, there is a little tremor, but it is comparatively steady. Her grasp with either hand is no stronger than that of a child of two years. There is not much atrophy of the hands, though they are not quite so well developed as they should be. On the thenar eminences of both hands, we see signs of atrophy, and between the thumb and forefinger, on the back, there is a well-marked depression. We see the same pigmentation of the hands as of the face and, in fact, all the rest of the body.

Let us now look at the feet and legs. Straightening out the legs, she says, gives her a cramp in the thigh. The position of the feet and legs is rather unusual; the great toes are turned inward by the internal group of muscles, there being a loss of power in the muscles of the peroneal group. There also seems to be less power in the extensors of the leg than in the flexors. She cannot bend the toes and foot upward—there is not the power of dorsal flexion. With my thumb and finger I can hold her foot, against her efforts to bend the knee. There is a little more power on the right side than on the left. She has no power at all to turn the foot outward. Evidently we have a paralysis of motion here: not complete, but nearly so at the periphery while the power increases as we go toward the trunk. Now let us see about the paralysis of sensation. On testing this by pricking with a pin, I find no loss of sensitiveness in the skin at present, but in the past I have found areas of diminished, but not entirely abolished, sensation.

We may also have paralysis of the nerve, presiding over nutrition—the trophic nerves. But in this patient outside of a small amount of muscular atrophy, nutrition is being well carried on.

It would be well, at this point, to see whether the reflexes are natural. You recollect that the tendon reflex at the knee should, with rare exceptions, be present in health. Here, we do not see the limb respond to the ordinary test, and I have never been able to develop any response at all to percussion applied in the proper manner.

Now let us see what kind of a gait the patient has. Is it a gait characteristic of ataxia, or of some other affection? You notice that this patient steps over the toes, as it were. The toe drops to the floor and she is unable to raise it, and she therefore has to lift her foot high enough to raise it over the toe. In fact, she has what might be called the drop-foot, similar to the drop-wrist observed in cases of lead poisoning. This is a very characteristic gait and very different from that of locomotor ataxia, in which it will be remembered, the patient has a peculiar staggering shuffle, striking forward with the heel first, the toe being raised; then the heel comes down and the toe drops. This patient has, so far as we can make out, a paralysis involving the nerves of the legs and feet as well as of the arms and hands, and possibly also of other parts of the body. This paralysis is disseminated through all four extremities, and is therefore a multiple one. All the symptoms taken into consideration the case is clearly not one of locomotor ataxia. The patient has never had any trouble with the sphincters and gives no history of girdle-pains which belong to locomotor ataxia, nor of lightning pains in any part of the body. She has, I believe, multiple neuritis; a form of disease recognized not long ago, and one which has formerly been mistaken for locomotor ataxia, and for this reason I have dwelled at length on the difference between the two diseases. It is a form of paralysis which is often alcoholic in origin and in the case in question there is a history of alcoholic habit dating many years back, and she says that when she discontinued the use of alcohol for any length of time her condition became improved.

In multiple neuritis there is pain in the part inflamed, which is sometimes exquisite but more often not very severe. There is also a greater continuance of the suffering than in locomotor ataxia. Pressure over the nerves increases the pain.

Neuritis is not an uncommon affection. A typical case, like this, is rare, but minor degrees are often met with. Persons who have numbness of one finger during the menopause are affected with a form of neuritis. Neuritis may affect a single nerve or may be found in both arms but the body in general is not affected, as is the case in lead poisoning. This case is plainly one of those which Lancereaux described some years ago as "alcoholic paralysis."

As far as the neuritis is concerned, I have no doubt but that the patient will get better, and have fair return of power to the hands and feet. When first admitted to the hospital she had a certain hesitancy in her speech and a very peculiar impediment, such as I have never heard before. This symptom is now much improved and her intellectual improvement is also marked. When she came here she could not collect her thoughts without difficulty; she is now as bright as any one. The power of her hands and feet has also somewhat returned. This indicates that regeneration is going on in the nerve-filaments which were degenerated.

In the course of treatment, the first thing to do is to keep the patient away from alcohol, otherwise the disease will continue throughout life. The second indication is to keep such patients warm, for they often suffer from cold extremities. It is also found very useful to bathe parts that are paralyzed in tepid water and to rub them. We are now giving this patient salt and water baths. Another important point in the treatment is the use of electricity—the Faradic current when that will cause response, and, if this is ineffectual, the interrupted galvanic current. In this case the nerves have shown degenerative reactions.

Some authors recommend the use of strychnine, but for my own part, I think it is used too much in nervous diseases. Still I can see no objection to its use in this case. It is not so objectionable in diseases of the trunk and peripheries of nerves as it is in diseases of the cord. There can also be no objection here to the use of phosphorus in small doses and, while the long-continued use of arsenic would be impracticable, the latter drug might also be serviceable for a time. A good diet is necessary. The legs should be stimulated by massage and the patient should be encouraged to exercise her arms and legs as much as possible.

LEUKEMIA.[1]

BY JAMES TYSON, M. D.,

PROFESSOR OF CLINICAL MEDICINE; ONE OF THE PHYSICIANS TO THE PHILADELPHIA HOSPITAL.

Gentlemen: I bring before your notice, to-day, a case of extreme interest, the history of which I will develop in your presence and the diagnosis of which we will determine. The patient, J. A., from Lewistown, Mifflin county, Pa., a rigger by trade, began to ail in May, '88, but remained at work until Christmas, when he was compelled to stop all labor and has been unable to resume work since that time. His trouble began by the appearance, in the region of his spleen, of a dull, ill-defined pain. By throwing the weight of his hand on the spot, he was at first able to greatly relieve this troublesome symptom, but latterly his suffering could not be mitigated by pressure. This pain was accompanied by a good deal of headache, especially in the back of his head, by disorders of digestion, by constipation, by bleeding at the nose, by a falling away of flesh, and by increasing weakness, until he presents the clinical picture which we now see.

Let us supplement these voluntary statements of our patient by a more systematic inquiry into his symptoms and his present physical condition. He was always healthy until eight years ago, when he fell and sustained a fracture of the sacrum, from some effects of which he still suffers; these results seem principally to be a weakness in the back, associated with numbness, pain radiating down both legs in the region of the anterior crural nerves. Although this condition remained, he was able to resume his business; and apart from the history of this accident, he presents no record of further trouble. In fact his past has been remarkably free from sicknesses of all kinds. Then comes this story of a pain followed by emaciation; he tells us he has lost forty pounds since the first of the year. Percussion gives negative results in the upper thoracic regions, but running down in the left mammillary line, we very speedily reach dulness; this is possibly the heart, but we note that it extends into the axilla. This dulness runs down until it skirts the edge of the ilium; it extends some distance posteriorly, and reaches nearly to the median line in front, making a circular area of dulness, having about a diameter of eight inches with centre about midway between the crest of the ilium and the lower border of the ribs.

The splenic dulness ordinarily covers an area of about one and a half, or at the most, two inches square. There is nothing which could occupy this particular space except a tremendously enlarged spleen. The fact that the area of dulness does not vary with the position assumed precludes the possibility of its being caused by fluid. On the right side, in the nipple line, dulness begins a little above the point at which we expect it normally; usually we get liver-dulness in the sixth interspace or on the seventh rib. Here we have dulness at the sixth rib and in the fifth interspace; at the right midaxillary line there is flatness, due to the liver, at the seventh rib, which is also a little higher than in health. The liver is therefore either slightly enlarged or possibly a little displaced.

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[1] Delivered at the Hospital of University of Pennsylvania.

With such symptoms, enlargement of the spleen, adynamia, emaciation and anæmia, an examination of the blood naturally suggests itself. This has been made in this case, with the discovery of a very large proportion of colorless corpuscles in comparison to the red cells; indeed as many as one colorless to five red; whence the diagnosis is easy. This man has leukemia—a morbid condition of the blood-making apparatus, resulting in the formation of an excess of colorless corpuscles, with the diminution, sooner or later, in the quantity of coloring matter of the blood. The term "leukemia," meaning literally white blood, simply expresses the most prominent symptom; it does not explain or define the disease. The diagnosis is therefore what is called a "symptomatic diagnosis;" it merely represents the symptom of the disease, not the trouble itself.

The blood-making apparatus includes the spleen, the lymphatic system and the marrow of bone. Splenic and lymphatic leukemia are of more frequent occurrence; probably one-half of these cases are splenic; next in frequency comes combined splenic and lymphatic troubles; then lymphatic alone, with myogenic leukemia, or that of the bone-marrow, last in the order of frequency. In this patient, there is no evidence of lymphatic involvement; in such cases there is not only an overgrowth in existing lymphatic cells, but there is as well, the formation of new lymphatic tissue. Nothing of this sort can be found here. The changes in the lymph glands are purely hypertrophic. In the spleen, the first change is an active hyperæmia in the part; there is no striking alteration in structure as yet; the spleen is simply darker, of softened constituence, with the lobules marked. Then changes in the Malphigian bodies become visible; measuring one to three lines in width, white, tough, true hypertrophies. The spleen pulp begins to atrophy as the Malphigian bodies enlarge.

When the pulp becomes more atrophied and more decided enlargement of lymphatic structure appears, the white of the Malphigian bodies contrasted with the pulp stained and with the coloring of the blood produces the effect called the "marbled spleen."

The proportion of white corpuscles to the red cell can vary to a great degree and yet be consistent with perfect health, changing from one in 250, to one in 400 red corpuscles. In leukemia, the ratio runs down to one in 50, one in 25, one in 3, and even one to one. Here there is one to 5. There is also in this condition a diminution in the coloring matter of the blood. This latter condition is recognized by the use of some such instrument as Fleischl's "Hemoglobinometer," which consists of a colored, wedge-shaped bar lying horizontally on a platform and moved to and fro by a milled head; over this colored bar is placed a cylinder divided into two parts; one side containing the diluted blood; the other distilled water. The milled head moves the bar along under the cylinder so that it is beneath the compartments containing the distilled water and blood; then using proper light, which is generally the yellow ray of a candle, the bar is rolled along until the water has exactly the same tint as the diluted blood. From a scale on the side the percentage of hemoglobin is read off. Gower's instrument is on the same principle; in it, tinted gelatine is used, kept in test-tubes; with this tube, a given quantity of blood is compared, diluting it until it assumes the tint of the gelatine; then from a scale on the side of the tube the percentage can be determined. Gower's test is not as accurate as Fleischl's for the gelatine is apt to change in color after a time, and besides the manner of applying the test is not as delicate as it is in Fleischl's apparatus. It is however simple.

For counting the actual number of corpuscles in a given volume of blood, we use the microscope together with a slide marked off into a certain number of squares. The slide made for this purpose by Zeiss, of Jena, consists of a cell of $\frac{1}{10}$ of a millimetre in depth and ruled with a great number of squares each of which is $\frac{1}{4000}$ of a square centimetre or $\frac{1}{400}$ of a sq. millimetre. The blood-corpuscles in the properly diluted blood are counted in a number of these squares and the average taken for a certain number of squares; then knowing the dilution, the size of the squares and the depth of the squares we can obtain the number of red cells in a cubic millimetre of blood, which in the healthy man should be about 5,000,000 corpuscles.

The calculation in this case has been made and it is found that there are but 1,337,500 of red cells in this man to the cubic millimetre, which is sufficient to amply explain his appearance. The ratio of white corpuscles to the red has been determined to be one to five; also by Fleischl's apparatus the hemoglobin has fallen to 30 per cent. Thus we see that everything in the blood has suffered deterioration; the number of red corpuscles, the ratio of white to red corpuscles and the coloring matter.

As to the exact stage of the disease which this man has reached, we need not believe that the trouble has run yet to its extreme limits. The spleen has probably not reached the condition of the "marble spleen," although there doubtless is a great increase in the lymph-adenoid tissue. One quite remarkable feature of the case is that though living in a markedly malarial district, he has never had any evidence of trouble of that sort. This is interesting to note in a case of this kind.

As regards treatment, we have reason to believe from past experience that his case is inevitably fatal, sooner or later, and hence although we may be able to delay the progress of the disease, he will die ultimately from exhaustion. If such a case is seen earlier in its course, there is a greater probability of effecting a cure. At such a period too it is difficult to say whether it is leukemia rather than ordinary anæmia. There will be found at this stage, a diminution in the coloring matter of the blood but no change in the ratio between the red and white corpuscles. Hence the importance of recognizing and arresting the condition of anæmia whenever we meet it. There is not a wide range of treatment adaptable to these cases; we are limited to making rich blood and strengthening as far as we can the system from the ravages of the disease. Iron and arsenic are the principal stand-bys to be used; the effect of such drugs on these cases is that they cause ordinary anæmia generally to leap into good condition; this is especially the case when heavy doses of arsenic are given. Perhaps the best form of iron to give is the carbonate, and of arsenic, Fowler's solution. The latter drug exerts even in leukemia marked, although it rarely produces permanent results. With this should be combined proper food, bloody meat, blood-making articles. As a *dernier ressort* transfusion of blood may be tried; and it may serve to afford temporary relief.

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Gnomium, the new metal announced by Drs. Kruss and Schmidt, of Munich, is said to be a myth.

COMMUNICATIONS.

EXTRA-UTERINE PREGNANCY.

BY CHARLES P. NOBLE, M. D.,

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At the present time when the subject of extra-uterine pregnancy is still unsettled, every experience regarding this condition is of value, inasmuch as it may help to a solution of vexed problems. The questions which elicit most discussion in medical societies are: the primary site of the pregnancy, the probabilities of diagnosis before and after rupture of the gestative cyst, and the proper method or methods of treatment, during the early months. The case which I herewith report is of more than usual interest as bearing upon the present views concerning diagnosis:

Mrs. X., twenty-seven years old, has been married seven years. She has had one child, now five years old, and no miscarriages. Mrs. X. was a delicate girl of a neurotic type. Between the ages of eight and fifteen years she had four attacks of chorea. Menstruation was always painful, and accompanied with severe uterine cramps, and distressing headache. There was nothing of note about her labor or lying-in. Shortly afterward she began to have attacks of what was called "inflammation of the womb," "inflammation of the ovaries," "congestion," etc. During the past five years she has had twelve or fifteen such attacks—usually at her menstrual periods or after unusual exertion. These "spells" were characterized by cramps in each groin, so severe as to cause her to double up with pain. She was usually confined to bed three or four days, but never more than a week at a time. The attacks were never accompanied with marked fever. Mrs. X. has suffered from leucorrhœa since a child, but has never had an acute attack. Her bladder has always been irritable. Since the birth of her child dyspareunia has been constant and distressing. Menorrhagia and metrorrhagia have both been present. During these years Mrs. X. was usually under the care of a homœopath, and for a while was treated for laceration of the cervix by a female practitioner.

During the past summer Mrs. X. was in her usual health. Menstruation was regular until August, when the period was skipped.

Slight morning nausea followed, sufficient however to attract her attention. The breasts swelled, and became tender. She suspected pregnancy. September 2 she began to flow, and then concluded that the delayed period was brought about by "cold." The flow antedated the time for the second period by one week. After two or three days however the blood had a distinctly lochial odor. Owing to this and the fact that she passed "a mass" in the water closet, with some pain, she concluded that she had miscarried. This mass was not examined, as at the time it did not attract special attention, it being not unusual for her to pass clots at her periods. The pains in the hypogastrium became more marked and were accompanied by a feeling of faintness. The family physician was now called. In view of the history it was considered probable that miscarriage had occurred. An old laceration of the cervix was discovered, and also that a mass was present in the left side of the pelvis. Several fainting attacks now followed, preceded by severe pain, "different from anything before experienced." One day she fainted twice in the street. The flow at times was profuse, and then almost stopped. The odor remained lochial.

I was called in consultation to see Mrs. X. Sept. 17, when the preceding history was obtained. On examination it was found that the perineum and cervix were torn; the uterus was low, forward, and to the right side; to the left and behind the uterus a large hard mass was felt, blocking up the pelvis, and which was distinctly rounded, dome-shaped, and palpable from above; there was a small mass to the right, and tenderness was very marked. Upon questioning, the patient told me that she had suffered repeated attacks of rectal tenesmus, and also that she herself was aware that a "lump" was forming in her pelvis. No rectal examination was made.

The diagnosis of left tubal pregnancy following old bilateral tubo-ovarian inflammation was made, and it was thought highly probable that rupture into the left broad ligament had occurred. This diagnosis was given the family, and operation urged. Influenced by what has been said of late concerning the impossibility of knowing anything about this subject, I further stated that it might prove to be hemorrhage from old tubal disease, provoked by a miscarriage, but that this was highly improbable. The patient remained in bed and was seen on the 19th. In the meantime she had been comfortable. The mass was more easily palpable, the uterus lower and more to the right. Frequent and painful micturition was now very annoying. Operation was still more strongly urged.

On the night of the 21st a severe fainting attack showed the family the necessity for action, and Mrs. X. was removed to the Kensington Hospital for Women for operation. Prof. Kelly and Dr. Robb saw the patient immediately before the operation and confirmed the diagnosis. Abdominal section was performed in the presence of Drs. Kelly, Boyd, and Deekins, of Phila., and Dr. Burr, of Wilmington, with the skilful aid of Dr. Hunter Robb.

The peritoneum was found blood-stained, and when the peritoneal cavity was opened some fluid blood escaped. The omentum was loosely attached to the broad ligaments and uterus, and when the attachments were severed, blood, which had been walled in by the omentum and bowels, escaped in large quantities. Handful after handful of sausage-shaped clots were removed—their peculiar shape attracting attention. The total amount of blood in the cavity of the peritoneum was at least a quart. The ovary and tube on the left side were freed from adhesions and tied off. The ovary was of normal size but the tube was much enlarged and filled with blood-clot which was escaping from the fimbriated extremity. On the right side was found a small ovarian tumor, and a hydro-salpinx. These were also tied off and removed. The peritoneal cavity was now flushed with warm water, especial care being taken to wash up clots from the sac of the hæmatocele. A drainage-tube was inserted and the abdominal incision closed.

The after history has been uneventful. The tube was removed after thirty-six hours. The convalescence was afebrile and without an unpleasant incident.

Upon laying open the left tube (which was unruptured) an ovum, of about seven weeks' development, was found near the uterus. Hemorrhage had been caused by partial separation of the ovum from the tube. The pressure of the blood had dilated the tube and its abdominal orifice; and hemorrhage continuing the formed clots were forced out into the peritoneal cavity.

The diagnosis in this case was easy. Every point required for diagnosis was present, except an examination of the decidua. The clinical history was that which has long been looked upon as diagnostic of this condition, and which can be obtained in so many cases if the practitioner will only look for it.

The fact that the blood was within the cavity of the peritoneum is of special interest, because it has been taught that when a hæmatocele is dome-shaped, smoothly rounded, and palpable above the brim of the pelvis, it is contained within the layers of the broad ligament. This rule is evidently not infallible.

ASPERGILLUS IN THE HUMAN EAR.[1]—WITH REPORT OF ELEVEN CASES.

BY CHARLES H. BURNETT, A. M., M. D.,

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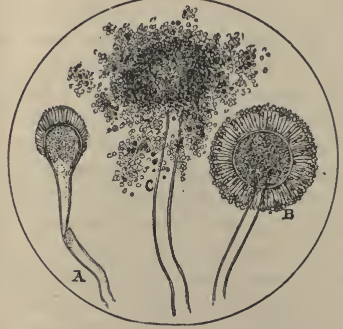
In a paper on twenty cases of this form of aural disease already published elsewhere (see foot-note), the following synopsis was given:

The age varied from fifteen years to sixty-seven years; fourteen cases occurred in men and six in women; the right ear was affected in seven cases, the left in nine; and both ears were affected in four instances.

The symptoms of the growth of this parasitic fungus of the mould family, in the human external ear may be briefly given as stinging, itching, dulness of hearing, some pain, and a watery but scanty discharge. The patient may finally complain of great pain and deafness, if the membrana tympani should become inflamed. An ear thus affected will show, on examination, the presence in it of a grayish, sometimes mottled, flaky mass, or, if examined in the earlier stages of the disease, it reveals the presence of a white false membrane closely adapted to the membrana tympani and the inner part of the auditory canal. From this point the false membrane may, and sometimes does, extend outward until it projects from the orifice, at the concha of the auricle.

A microscopic examination of a piece of this false membrane will demonstrate the true nature of the foreign substance in the ear by revealing the characteristic mycelial web and fructiferous hyphens of the aspergillus.



There are two forms of aspergillus found in the ear of man, viz.: the *a. glaucus* and the *a. nigricans*, which are marked in the accompanying figure A and B respectively. The latter is by far the more common in its occurrence.

Case 21. Aspergillus nigricans in the left ear; then in the right ear. Treated by solution of Hyposulphite of Soda.—Miss W., age 17 years, consulted me Feb. 7, 1879, concerning her left ear. Her parents stated that for several years she had had attacks of soreness and pain in the left ear. The hearing was found to be nearly normal. The membrana tympani was found covered with a blackish layer. Some pus was found at the meatus. Syringing brought out from the ear a dark, purplish and black mass. Some flakes of the same kind were removed by forceps from the canal. The microscope revealed the presence of the *A. nigricans*, (Fig. B) in all stages of growth.

Treatment.—The patient was directed to instill into her ear, every hour, ten drops of a three-grain solution of the hyposulphite of soda. In three days, when the patient was next seen, another mass of aspergillus was found in the fundus of the ear. The ear had been painful and sore for forty-eight hours. The mouth of the canal was eczematous, swollen and sore to the touch. Besides ordinary aspergillus fruit-stalks, there were found at this time some very large purplish fructiferous heads, four times the usual size, apparently enveloped in a membranous sac, suggestive of the so-called ascomycete form of the aspergillus. The drops of hyposulphite of soda were continued every hour. On the next day some more fungus was removed, showing that it was still alive and growing; but there had been no further pain in the ear. The next day the membrana tympani was entirely free of aspergillus but appeared macerated. The drops were used four times daily, the patient not syringing her ear.

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[1] These eleven cases are additional to twenty cases published in the *American Journal of Otology*, April, 1879. Their numbering will, however, begin with No. 21.

The next day the membrana was clearer; a little eczema still prevailed on sides of canal and at the meatus. The drops were ordered to be used three times daily.

Four days later the patient was seen again and the ear was found entirely free of the fungus. There was a little discharge from the eczematous spots in the canal. The eczema was successfully combatted by using a powder of equal parts of Hubbucs oxide of zinc and starch. In four days more the left ear was entirely well and remained so. Just at this time the patient stated that her *right* ear felt stopped, and uncomfortable, and that a *watery* discharge had come from it upon her pillow. Syringing brought out a mass of what proved to be *aspergillus nigricans*. This ear was treated by instillations of the hyposulphite of soda, in solution as above, without syringing, twice daily for a week, when it was found free from fungus.

The important points in this case are, the treatment by solution of hyposulphite of soda, requiring ten days to cure the left ear, and a week to destroy the fungus in the right ear, a comparatively long time, and, the interesting fact that the fungus was transplanted from the left ear to the right, probably by the fingers of the patient in performing her toilet.

Case. 22. Aspergillus nigricans in the right ear. — On December 6, 1879, Mr. L., aged eighty-three years, in whose ear I had inserted a week previous a cotton pellet over a perforation in the membrana tympani, as an artificial membrane, complained of discomfort in and some discharge from the ear. The artificial membrane was removed and with it some suspicious flakes of membranous substance. These being examined microscopically revealed the presence of a flourishing *aspergillus nigricans*.

Treatment.—The ear was treated by instillations of absolute alcohol, once daily for two or three days, when the fungus disappeared from the ear, and the patient ceased to feel the peculiar discomfort in the ear which had been caused by the parasitic growth.

It should be observed that in this case it required six or eight applications of alcohol in the ear to insure the destruction of the aspergillus.

Case 23. Aspergillus nigricans in the right ear.—Dr. X., age eighty years, Aug. 31, 1881, complained of itching, slight pain in, and a thin, watery discharge from, his right ear. Examination revealed on the posterior wall of the auditory canal and over the membrana tympani, a flourishing false membrane. There was a small perforation in the posterior-inferior quadrant of the drum-membrane. The microscope revealed the presence of the fungus, *aspergillus nigricans.*

Treatment. — Pure alcohol was instilled into the ear, producing intense burning as the skin in the canal was broken and macerated by the eczematous condition always found where the fungus has begun to flourish. Syringing removed a large piece of false membrane.

The next day the walls of the canal and the membrana tympani were much clearer. There was no more itching in the ear and it felt more comfortable, though a little muffled. The pink mucous membrane of the drum-cavity could be seen through the perforation in the membrana. The patient was ordered for instillation at home,

℞ Alcohol . . . . f℥i
Aquæ . . . . f℥vii
M.

The next day more false membrane had formed and was removed. Patient ordered to go on with the alcohol and water instillation, twice daily. The next day no aspergillus was found and the alcohol instillations were discontinued.

Two days later aspergillus was found again in the ear and the alcohol instillations were renewed. Instillations of a three-grain solution of sulphite of soda were also used in the affected ear. The next day a thin false membrane was wiped out from the ear and powdered boric acid was blown into it. This made the ear feel comfortable and it was allowed to remain in the ear. The next day no aspergillus could be discovered; but the ear still discharged mucus and the walls of the auditory canal were macerated and red. Powdered boric acid was blown into the ear again a few times, after which the aspergillus did not again appear and the ear healed.

This case, like the preceding, required continual watchfulness and treatment for a week, with alcohol, and sulphite of soda instillations in order to destroy the fungus—a much longer and more tedious method than that of *salicylate of chinoline*, as will be shown in the accounts of some subsequent cases, in this paper.

Case 24. Aspergillus nigricans in the left ear.—Mrs. X. complained of a stopped feeling, and itching in her ear, with a slight watery discharge; Nov., 1881. Examination revealed the presence of a false membrane, looking like a piece of wet newspaper, over the membrana tympani. The false membrane was removed from her ear by syringing, and enough of a powder composed of

Resorcin	1 part
Boric acid	16 parts

was blown into the ear to cover the membrane and the walls of the canal about it. This one treatment seemed to sterilize the fundus so that there was no reproduction of the fungus, and with this case begins the treatment of aspergillus in the ear, by means of boric acid in combination with with resorcin or salicylate of chinoline, preferably the latter.

Case 25. Aspergillus glaucus in both ears.—Mrs. W., age 35 years, stated, Oct. 7, 1882, that her left ear had annoyed her for some weeks, by some pain, itching, dulness of hearing, and latterly by a watery discharge. She had put some oil in the ear for relief. Within a few days of her visit to me the other ear, the right, had shown the same symptoms. On examination both ears revealed the presence of a false membrane, pale gray in color, covering the membrana tympani and the inner end of the auditory canal, near the drum. The ears were syringed with alcohol and water and the false membrane thus removed. In order to sterilize the fundus of the auditory canal and the membrana tympani, a powder composed of

Salicylate of chinoline	1 part
Boric acid, ...	16 parts

was blown into the ears, in quantity sufficient to lightly cover the parts named. This one application destroyed the fungus germs in the left ear, no false membrane was formed, and the ear became entirely normal in three days. The above powder, being found dry in the left ear, was allowed to remain there for about a week, when it was washed out. The right ear required a second application of the powder, before it showed no regrowth of aspergillus at its fundus.

Case 26. Aspergillus nigricans in both ears.—In Sept., 1883, F. S., age twenty-five years, applied at the Philadelphia Polyclinic for relief from discomfort and hardness of hearing in both ears. A false membrane, looking like wet newspaper, was found in each ear at the fundus and over the membrana. Syringing the ear by means of alcohol and water removed the false membrane, after which the ears were insufflated with a powder, as in the previous case, composed of

Chinoline salicylate	1 part
Boric acid	16 parts

The one application destroyed the fungus, and the ears rapidly became normal.

Case 27. Aspergillus nigricans (?) *in the right ear.*—On October 31, 1883, Dr. K. consulted me on account of itching, tinnitus, and some pain in his right ear. Six months previous he had suffered from an attack of acute otitis media in this ear, attended with perforation of the membrana, great discharge and deafness, for which he was treated in another city.

Upon examination the right membrana tympani was found dotted over with white spots, with intervening pink surface of the drum membrane. The latter was distorted from the previous attack of otitis.

The fundus of the affected ear was then slightly dusted with the aforesaid chinoline, boric acid powder, one to sixteen, which arrested at once the growth of the aspergillus. The microscope revealed only a dense mycelial web, growing in one of the white spots observed in the drum, but without fructiferous hyphens; hence the variety of the aspergillus could not be determined.

When seen in a few days the tinnitus and discomfort in the ear had ceased, and there was no further evidence of life in the fungus. A little plain boric acid powder was then blown into the ear, to favor a continued sterilization of the fundus, and allowed to remain there a few days, when it was washed out, and the ear appeared entirely free from any evidence of the presence of aspergillus.

Case 28. Aspergillus nigricans in the lef *ear.*—On July 25, 1885, Mrs. J. S., age thirty-five years, complained of itching, sense of fulness in the left ear and hardness of hearing, which she had felt for some weeks. The auditory canal was abraded, apparently by a pin used for scratching it. A large mass of false membrane was found in the fundus of the canal and syringed out with alcohol and water. The microscope revealed the characteristic hyphens and spores of the aspergillus nigricans.

Treatment.—One application of the powder, composed of

Chinoline	1 part
Boric acid	16 parts

sufficed to destroy the fungus and arrest its further growth in the ear.

Case 29. Aspergillus nigricans in the right ear.—Mrs. S., age 45, stated on Oct. 12, 1885, that for six weeks previous there had been itching and soreness in her right ear, soon followed by a watery discharge. This patient was under treatment for aspergillus in both ears in 1876, and again in the spring of 1885. Examination revealed at the time of the last attack, Oct. 12, 1885, a false membrane covering the membrana tympani, and the adjacent walls of the auditory canal.

Treatment.—This time a different and an entirely new treatment was pursued in this case. The ear was syringed with alcohol and water, which removed most of the mycelial mass from the ear, and then there was blown into the ear and down to the membrana and the fundus of the auditory canal, a little powder composed of

Chinoline salicylate	1 part
Boric acid	8 parts

This was left in the ear until the next day when, as it was damp with the discharges from the eczematous walls of the auditory canal, it was syringed from the ear by means of alcohol and water, and some of the same kind of powder blown into the ear.

This treatment was repeated a few times, when it was found that the ear was entirely free from fungus and was normal in every respect.

Case 30. Aspergillus nigricans in the right ear.—July 13, 1887, Mrs. C. M., age 60 years, stated that a week previous she had felt a throbbing in her ear which then soon became stopped up and dull of hearing. Two months before these symptoms she had suffered from an attack of acute purulent otitis media, with perforation of the membrana tympani, but from which she had entirely recovered.

Examination revealed the presence of a false membrane over the drum membrane, which was syringed out with alcohol and water. Some of the chinoline and boric acid powder, as given above (1 to 16) was then blown into the ear. The next day the powder was found to be dry in the fundus of the ear, there were no signs of reproduction of the fungus, and the ear felt entirely well. No further treatment was necessary, the *one* application of the chinoline and boric acid powder having destroyed the fungus and cured the ear.

Case 31. Aspergillus nigricans in the right ear.—September 24, 1889, Mr. M.S., age thirty-five years, stated that he had felt discomfort, with attacks of great pain at times, in his right ear, and that a watery, with finally a purulent and offensive discharge, had come from the ear, for a period extending over six months, the first attack having occurred in the previous March. The hearing had varied in this time from a dulness to a marked deafness. Examination revealed a partly detached false membrane at the fundus of the canal and over the membrana tympani. Most of this was syringed out with alcohol and water, the rest was removed with slender forceps. Microscopic examination of the false membrane revealed the presence of the A. nigricans in all stages of growth. The fundus of the ear was then insufflated with some of the chinoline-boric acid powder (1–8). This was allowed to stay in the ear twenty-four hours.

The next day the patient stated that his ear had felt perfectly comfortable and that his hearing was nearly normal for the first time in six months. During this long period of suffering he had been under treatment, at the hands of a physician who had diagnosticated the true nature of the disease, but who failed to relieve him, chiefly I think because he had used aqueous solutions, which, in my experience, tend to favor the growth and development of fungus rather than their destruction.

The next day the powder was found to be a little damp from the discharge from the eczematous skin in the fundus of the canal, which condition is always excited in the canal by the continual presence of the aspergillus.

This moist powder was therefore washed out, and some fresh chinoline boric acid-powder blown in. The ear from this time required no further treatment, as it became and has remained, entirely normal.

In the foregoing eleven cases it is worthy of note that in all there were symptoms of slight pain, dulness of hearing, then a watery discharge, with a spontaneous detachment of some of the false membrane from the membrana.

The following synopsis is of interest:

Sex—Men, 5; women, 6.
Age—Varied from 14 years, a girl, to 83 years, a man.
Ear—Right, 6; left, 2; both ears, 3.
Variety—A. nigricans, 9; A. glaucus, 1; doubtful, 1.
Treatment—Hyposulphite of soda, 1
Alcohol, ... 1
Hyposulphite of soda and alcohol, 1
Powdered boric acid and resorcin, 1
Salicylate of chinoline and boric acid, ... 7

Women predominate in number because they are more apt to scratch and pick their ears with pins, etc., thus inviting the growth of the fungus on the denuded parts Of the cases affected in both ears, two were women.

The only case of *A. glaucus* was in one of these women, affected in both ears.

The majority of the eleven cases (seven in all) were treated with chinoline salicylate in combination with boric acid (1–8, and 1–16 parts) and it will be observed that these cases were cured very much more easily and rapidly than those treated by other methods. Case 31, shows that unless the fungus is killed, it will continue to grow in the ear, and annoy the patient for months. In time it may induce a serious myringitis, perforate the membrana tympani and take root in the tympanic cavity.

Therefore any treatment so convenient, painless, prompt and efficient in its results, as the insufflation of chinoline salicylate in combination with boric acid, into the affected ear, should command the attention of all practitioners of medicine.

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An Irish Rabies Doctor.—McGovern, the Irish Pasteur, who treats hydrophobia on a system handed down through generations of his family, recently received £12 from the Newry Board of Guardians for successfully treating four patients the Board had sent him.

REPORTS OF CLINICS.

UNIVERSITY HOSPITAL.

SURGICAL CLINIC—DR. ASHHURST.

Hydrocele.

Dr. Ashhurst first showed a man with hydrocele, and of this disease he said that there are three varieties, viz.: Congenital, when the elevation of the scrotum causes the fluid to flow back into the abdominal cavity. If there is a concomitant hernia, a truss should be worn. The patient often recovers spontaneously. 2. Acquired, when it follows orchitis, an injury, or is without any assignable cause. 3. Encysted, when the fluid is not in the tunica vaginalis proper, but in a cyst on the testicle or epididymis. Its fluid is watery or milky and when it contains spermatozoa, the cyst is called a spermatocele. There is also a hydrocele of the spermatic cord, of which there are likewise several varieties.

The symptoms given were these: there is a swelling of the scrotum, pear-shaped in form, or, if it is very full, it may assume the shape of an hour-glass. Its increase in size is in the longitudinal direction, and this characteristic distinguishes it from a sarcocele, the greatest diameter of which is usually transverse. It begins from below, whereas a hernia begins from above and, while a hernia clings to the central axis of the body, the tendency of a hydrocele is to turn outward. It is translucent by transmitted light, except when its walls are very thick or its contents dark-colored. Moreover, solid tumors are sometimes translucent. The specific gravity of a hydrocele is less than that of a solid tumor except when the former is extremely tense. He said that the palliative operation, which consists in tapping the hydrocele, could be repeated if it returned. This plan of treatment was recommended in very young, in feeble or in aged persons. If the sac continued to refill, it might be treated by a more radical operation, of which there were several kinds: the best being the injection of a stimulant liquid into the tunica vaginalis, generally the tincture of iodine. This injection is to be performed after the fluid has been withdrawn.

The testicle is usually situated in the posterior and inferior part of the scrotum. In this case it was anterior. Dr. Ashhurst said that it and the larger blood-vessels should be avoided in making the puncture; and this he now proceeded to do, drawing off about four ounces of an amber-colored liquid, followed by a little blood. The testicle was itself much enlarged. As the after treatment, a suspensory bandage and rest for two days were recommended.

Removal of an Epithelial Cancer of the Lip and Chin.

The next case was that of a man with an epithelioma, involving the lower lip and chin. On the lower part of the chin and slightly to the right of the median line the infiltration had proceeded so far that ulceration had already begun. The case was a serious one and this had been fully explained to the patient. An operation, if successful, would however relieve the patient at least for a time. The most favorable circumstances about the case were that the floor of the mouth had not yet become involved; that the patient was otherwise healthy, and that he was only fifty-four years old. Had he been seventy-four, no operative interference would have been justifiable. The patient had been already etherized and the operation, which was long and tedious, was now begun.

The lower lip was first removed, leaving a rectangular space; then from either corner of the mouth as well as from the lower angles of the wound, incisions were made outwardly, forming two flaps, involving the whole thickness of the cheek and about 3 inches long by 1½ inches broad. These flaps were joined in the median line in front to form the new lip. The ulcerated portion below the chin was next removed, and the floor of the wound thoroughly scraped. To the sound tissue, intervening between these two excisions, the two flaps that had been taken from the cheeks and united to each other in the median line in front, were secured above, and, below, flaps taken from the neck and slid upwards. The wounds were all accurately closed with hare-lip pins and shotted sutures.

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—Dr. Dutze, formerly assistant in Dr. Unna's clinic at Hamburg, has been invited to proceed to Honolulu by the Hawaiian Government, and to remain there some time to study leprosy and to investigate the effect of new methods of treatment.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

VANDERBILT CLINIC.

MEDICAL CLINIC—PROF. F. DELAFIELD.

Cirrhosis of Liver, with Chronic Catarrh of Bile Ducts.

The first patient was a man 55 years old. This patient was presented to the class, Dec. 10, 1888, and the diagnosis of hypertrophic cirrhosis was then made. He gives the following history: One year and a half ago he complained of pain in the back, gastric symptoms, a "lump" in iliac region, stools white, urine deep red, skin jaundiced, and said that he had lost strength and flesh.

The record shows the patient was given ice water enemata without benefit, and then was put upon a course of the alkalies—also without benefit. To-day we find the man's general condition not improved; he is emaciated, but not very much so; his face is of a dusky brown color (as in all old cases of jaundice); the conjunctivæ and the skin are yellow; his urine is still bile-stained, and has a specific gravity of 1.020. Of late he has had no vomiting and there has been no ascites, though during the past week he has noticed his feet to be a little swollen. He has complained also of diarrhœa immediately after taking food. Examination shows both right and left lobes of the liver to be considerably increased in size both upwards and downwards, extending at one point four inches below the free border of the ribs. The liver feels hard to the touch, and the surface is irregular and finely nodular. This condition can mean only one thing, namely, hypertrophic cirrhosis. The spleen is not increased in size; hence it is not congested, and the blood must pass freely through the liver. The absence of vomiting shows that there is no congestion of the stomach. These signs point to no obliteration of the portal vein or its branches, and hence we see the reason this patient has done so well and yet has been sick such a long time. The jaundice that he suffers from might be due to one of three things, viz.: chronic catarrhal inflammation of bile ducts, calculi in the common duct (not impacted but admitting of the passage of some bile), or cancer of the duct. This last condition is not probable, however, considering the general condition of the patient. Either of the other two conditions is possible, and though the chances are in favor of catarrh, we cannot positively say this condition exists.

Treatment.—Can we do anything more for this man than has already been done? Though his general health is not decreasing very much, yet he shows no improvement. The indication is clearly to affect the catarrh of the ducts (and duodenum probably) if it can be done. For this purpose Dr. Delafield would suggest systematic washing-out of the stomach, doing this at first daily. The other indication is to feed the man better; and the lavage of the stomach will help along this endeavor. He should take more solid food than he has been taking (he has been largely on milk diet), and every effort should be made to have him digest and assimilate what he does take.

This case is an example of how long jaundice may exist and a patient still remain in good condition. A patient in different walks of life has other resources that cannot be extended to this man. Such an one should try a change of climate—this is of benefit in all catarrhal affections. And there is one mineral water that might prove beneficial, namely: the Ems water, provided it it taken at the springs. It certainly has helped very many old cases of jaundice.

Tumor of Kidney.

The second case was that of a man 35 years old, who had also been presented to the class. On April 25, 1889, he came to the Clinic complaining of slight gastric disturbance, malaise, and a slight jaundice. He had a temperature of 100°. A tumor was discovered in the region of the gall bladder, and the diagnosis of dilatation of the gall bladder was made. Under treatment the man improved, and by May 1 his temperature was normal.

His record shows that on May 10 he had lost two pounds in weight, and was not feeling as well as before; June 13, he had gained four pounds, but was feeling weak and unable to work; September 1 he had lost fifteen pounds, and was again a little jaundiced, with stools light colored, appetite poor, a cough, and a temperature of 100°. The tumor, which seemed to have at first decreased in size, now appeared larger.

On September 7 a second tumor was discovered by the side of the first, nearer the median line; it seemed hard and immovable. By September 19 he had lost four pounds; September 30, he had gained some flesh; October 17, he had diarrhœa with bloody stools. He has been gaining in weight, has very little cough, his appetite is fair, and he feels quite well—able to do light work. There is no jaundice.

Examination shows resonance over the lungs and normal respiratory murmur. The heart's action is regular and a little rapid. A murmur is heard with the first sound at the base. Inspection of the abdomen reveals an increase in size, especially on the right side. About six inches from the median line, just below the free border of the ribs, can be felt the original swelling, still soft and fluctuating, and corresponding in size and feel to the gall bladder. To the left of this, and extending an inch to the left of the median line, is felt the second mass noted in the history. It is hard and smooth and much larger than the original mass. In respiration both move with the liver. On deep palpation this second mass is found to extend deep down into the abdominal cavity, and with one hand forced well down in the lumbar region[1] the tumor can be seized and moved (apparent to the entire class). And for the first time it is found that both masses are probably one tumor. With the hand behind, pushing the tumor well forward, its size is discovered to be much greater than was at first supposed—indeed, it fills almost the entire right side of the abdominal cavity, but as it lies so deeply this was not apparent before. What was at first taken for an enlarged gall bladder was probably the most projecting part of the growth. Dr. Delafield said this was not the first time he had been misled by this condition. He believes now that the growth springs from the right kidney, it presses upwards against the liver and gives the impression that it is attached to that organ. The second mass discovered was simply an increase in the growth. Though the diagnosis is not absolutely certain he strongly believes it to be an adenoma of the kidney.

These cases are rare. The tumor will often grow to enormous size and the patient's general condition not be much affected, as in this case. And there are no changes in the urine. The question is: Should an operation for removal be performed? In view of the mobility and continued growth he would consider an operation feasible and perhaps advisable.

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[1] See Editorial on Palpation of the Kidneys, MED. AND SURG. REPORTER, April 6, 1889.

Aortic Stenosis—Myocarditis (?).

The third patient was a man 47 years old, of intemperate habits, who had had a chancre fourteen years ago, and five years ago an attack of rheumatism. Last March, while lifting a heavy weight, he suddenly lost his sight, felt faint, and fell unconscious. Unconsciousness lasted one minute. He entered the New York Hospital, where he had several such attacks. It was noted that they would be ushered in by pain in the precordial region, and sometimes by vomiting. During the attack there was paleness of face, rolling of the eyes, slight convulsive movements of the arms, loss of consciousness, loss of radial pulse, and the heart sounds became almost inaudible. Their duration was about one minute. The man suffered, too, from dyspnœa on exertion, and pains in the head. His pulse varied between 40 and 50 per minute, and during one week, while in bed, it was between 30 and 40.

The specific gravity of the urine was 1.020, and a trace of albumin was to be found. The Hospital record mentions that during March a pericardial friction-sound was heard. At present patient complains less of heart symptoms and more of headache. He has not had an attack for four weeks. He knows he is steadily losing strength and flesh.

Examination.—The pulse was slow, and full, and good; some increase of tension. The heart impulse was diffuse, and the organ increased in size. A loud systolic murmur, whose maximum intensity was at the base of the heart, was heard. (This may have been the friction-sound noted above.)

Diagnosis.—Dr. Delafield said: It is evident this patient is suffering from organic disease of the heart. Aortic stenosis with dilatation of the ventricles is certainly present, but is this the whole story? The sudden onset, the fainting attacks, the increased arterial tension and the slow, regular action of the heart do not make the usual history of this condition, for they may all be accounted for by the aortic stenosis and dilatation.

But there may be some other change in the heart, and this history would make us look for it, viz.: Chronic myocarditis, with or without chronic inflammatory changes in the coronary arteries; and it is very probable that these conditions are present in this patient. So that it is safe to say the patient has aortic stenosis and perhaps also a myocarditis.

FOREIGN CORRESPONDENCE.

THE HEIDELBERG CONGRESS.

> "Alt Heidelberg, du feine, du Stadt an Ehren reich,
> Am Neckar und am Rheine, kein' And're kommt dir
> gleich."

The Congress of Physicians and Naturalists—The Exhibition—The Scientific Discussions.

The 162d Congress of Physicians and Naturalists, just held at Heidelberg, was unanimously pronounced a most successful affair. To be sure the famous old city, around which song and legend have woven a most charming wreath, was in itself sufficient fascination to gather within its romantic walls the disciples of Æsculapius from near and far. "Thirst and Science," the old motto of Heidelberg, could be seen at its best during the Congress. No matter how heated the debates, how bitter the opposition and fight of the naturalists during the day were, one could see the contestants in the evening most cordially united around the historical "tun" in the happy enjoyment of wine and good fellowship.

I beg now to invite you to a short promenade through the exhibition, attached to the Congress, and then ask your attention to some notable topics of discussion. The object of most interest and admiration in the exhibition was Edison's phonograph, presented by the great American electrician in person at the first day of the meeting. Edison was honored not only by being placed at the table of the President, but also by repeated acclamations on the part of the assembly and by the flattering address of the Grand Duke of Baden. I am pleased to add that, by this time, the phonograph has taken up specimens of the voices of all German celebrities, including Bismarck and the Imperial family. Wolz, of Bonn, exhibited for the first time his new Knallgas light, which, after many futile attempts, he succceded in preparing from compressed oxygen and hydrogen by the aid of zirconia. This light possesses superior advantages, particularly for the lighting of railroad cars, which could readily carry two receptacles filled with the gases mentioned. Sartorius, of Göttingen, presented a scale which was pronounced to be the finest in the world in precision and minimal registration of weight. The Berlin analine works showed specimens of "eikonogen," a new "developer" for photographical negatives. Eikonogen permits of the development of pictures after a minimal exposure; the negatives develop rapidly and assume a very desirable blue-black coloration. The precipitate of silver in negatives treated with eikonogen is sufficiently delicate for the delineation of the finest details. Eikonogen can be kept for a long time in an alkaline solution and is wholly non-poisonous. The samples of photographs obtained by the aid of eikonogen were marvels of beauty and precision. Dr. Rohrbeck, of Berlin, exhibited a new apparatus for disinfection and sterilization, which claims our special attention on account of its embodying two important principles: viz., absolute exclusion of air, and the prevention of an overheating of steam. His disinfector is calculated to avoid the generation of dry steam, which, as experience has proven, is a less reliable germicide than moist steam. Seibert, of Metzlar, showed an objective by the aid of which the internal structure of bacteria can be distinctly recognized. The bacilli of anthrax, for example, do not appear under Seibert's objective as mere rods, as usually, but present a beaded internal structure invested by an irregular and nearly cylindrical sheath. The beaded appearance referred to does not by any means represent spores. Of considerable interest is the watching of microbic propagation, well known as the process of "budding." The beads located in the middle separate to a greater distance from each other, and a line of light is seen to cross the rod obliquely; then comes an indentation and ultimately the division of the rod. This is the highest power ever developed by any microscope. Among the numerous other exhibits I would mention an immense platinum-boiler for the concentration of sulphuric acid, a melted bar of pure iridium, and sublimated osmic acid. From the many interesting papers read and discussions held I shall select some few which invite our special attention.

At the debate on tuberculosis in the Congress Prof. Virchow opened the discussion by saying that Koch's bacillus did not explain all problems connected with tuberculosis and that individual, hereditary and possibly also other, as yet unknown, factors, probably play a more significant *rôle* in this affection than is usually believed at present. The hereditary element, at least, is no longer to be underrated since the tubercle bacilli have been discovered in the genital organs of parents, the offsprings of whom were known to be consumptives. Dr. Sonnenschein, of Worms, called attention to the origin of constitutional diseases, and of consumption in particular, from milk. He believes that a great portion of infants and children, dying of tuberculosis, have been infected from the milk of diseased cows. It cannot be doubted that the affection of cows, which the Germans call *Perlsucht*, is a tubercular process, and that provided the udder itself is implicated, the milk from such cows is under certain circumstances capable of rendering man tuberculous. The fact that *Perlsucht* and consumption are identical affections ought to be published broadcast and the sale of milk from cows thus affected rigidly forbidden. It has besides been proven that the composition of cow's milk becomes deteriorated and the milk itself unfit for use if the animal is fed on certain waste products of factories (beet-sugar refineries and distilleries). Children taking such milk contract the most serious intestinal catarrhs, and perish in large numbers. It will therefore be the duty of the state authorities to rigidly superintend the feeding of so-called milk-cows, and that of physicians to enforce the use of milk in a state of sterilization and in sterilized vessels.

Prof. Victor Meyer, the successor of Bunsen, read a valuable paper on "Chemical Problems of the Present Time." The author alluded to the great progress in the science of chemistry, made by the labors of men like Bunsen, Hoffmann, Rekulé, Van't Hoff, Baeyer, and Wisclicenus. Demetrius Mendeljeff has the credit of having established a natural system of elements, and of having first pointed out that the properties of elements are functions of the atomic weight. His researches have led him to believe that the number of elements in existence is one hundred, although only seventy are yet known with certainty. He separates the elements into two groups, of seven elements each, and five groups of seventeen elements each. This makes ninety-nine elements in all, to which as the one-hundredths hydrogen is to be added. This divination of thirty elements, as yet undiscovered, resembles somewhat the predetermination of Neptune in our solar system. Mendeljeff's studies, particularly in regard to the corrected figures of atomic weight and their comparison with the so-called homologous orders, point with certainty to the compound nature of elements. This novel view becomes strengthened by the results of pyro-chemical researches. A new chemistry will arise as soon as we are enabled to experiment with bodies at a higher temperature than 1700° (Centigrade) the melting point of platinum used for crucibles. The author referred to the numerous trials of synthetical chemistry, and thought it likely that albuminous bodies —starch and sugar—would soon be prepared artificially by synthesis as the transformation of the wood-fibre into starch is the subject of assiduous trials and as the systematical increase of the albuminous components of plants has been proven—theoretically at least—by Hollriegel, it can be hoped that the science of chemistry will continue to materially enhance the prosperity and welfare of mankind.

A similar and equally interesting topic was that discussed by Prof. Hertz, of Bonn, viz.: the relations between light and electricity. Recent investigations have shown that electricity and light are closely allied to each other, and that the former, like the latter, is caused by an undulatory motion of ether. Faraday and Maxwell were first to make researches in this direction. The author himself claims the credit of having first demonstrated that light produces electrical phenomena, and that, *vice versa*, electric waves produce light waves. The author has overcome the difficulty of finding a sufficiently delicate means of measuring both kinds of waves by means of a swinging conductor with interrupted wire. If such a conductor is placed in the focus of a very powerful concave mirror, the conductor is seen to emit sparks and even to act as an electric polarizer.

Prof. Puschmann, of Vienna, read a highly entertaining essay on the importance of the study of history, especially of the history of the medical sciences, for the medical profession. The neglect of medical history has been very dearly paid for. Thus plastic operations, known already in ancient times, became forgotten and were in 1792 declared impossible by the medical Faculty of Paris, until at the beginning of this century they reached Europe again by the way of India. Similarly known in ancient time, then forgotten and ultimately rediscovered, were the ligation and torsion of arteries, flap amputations, and turning in delivery. The doctrine of the contagiousness of consumption, taught by Hippocrates, was forgotten, and our modern bacteriological schools had to rediscover it.

The treatment of consumption consisted in milk-cures, sea voyages, and the sojourn in Egypt—methods like those approved to-day. Auscultation of the chest was also practiced by Hippocrates. The crossing of nerve fibres in the brain was known to Artacus, who explained on this basis the paralysis on one side of the body in lesions of the opposite side of the brain. Pliny taught that, in cures for obesity, nothing should be drunk during meals and but little after them —a principle included in the modern obesity treatment. Nearly all remedies of importance used to-day were known to the ancients, even the fat contained in the wool of sheep, in which Liebreich found lanolin. Galen compared sound to a wave, and respiration to combustion. Even Darwin's doctrine of evolution was, in principle, taught by Aristoteles. It will thus be seen that the study of the history of medicine is by no means a merely entertaining occupation, but one replete with practically available results.

PERISCOPE.

Gastric Digestion.

At the meeting of the Philadelphia County Medical Society, October 9, 1889, Dr. L. Wolff read a paper on the Chemistry of Gastric Digestion, in which he said:

The gastric secretion which causes the chemical change of protein bodies into peptone has been closely studied by C. Schmidt, who determined the total chlorine therein, together with all the bases, such as potassium, sodium, calcium, magnesia, ammonium, and iron, and after accounting for the saturation of these had a residue of free hydrochloric acid left which amounted to about 2.5 to 4 grammes in one litre of the secretion. Although the pure hydrochloric acid has no peptonizing action, it alone can make pepsin display such a function, while again neutral pepsin has no digestive power unless coupled with this acid. While it is thus evident that the hydrochloric acid plays an important part in gastric digestion it has an equally valuable property by acting as an antiseptic and germicide over the ingesta when present in a free state. Miguel ascertained that 0.2 to 0.3 grammes of a mineral acid sufficed to preserve 100 c.c. meat broth from sepsis, after Seibert had shown that 0.5 per cent. HCl prevented chopped meat effectually from decay. As had been proven in Hoppe-Seyler's laboratory that there existed in the normal gastric secretion 0.3 per cent. HCl, it would readily appear how the normal amount of HCl in the gastric juice will prevent the development of sepsis in the food bolus, while the presence of less than the normal amount will permit some ferment action, and the total absence will result in fermentation with production of organic acids which will not only not serve to develop the digestive power of pepsin, but will retard and prevent it.

The question of the production of such a strong mineral acid by the alkaline tissues of the stomach and from the alkaline blood can be only explained by the presence of chlorides in the blood, and the decomposition thereof in the secretory apparatus, with the elective osmosis of the ovoid cells which separate the acid to the interior of the gland while it sends back more alkaline blood to the circulation. It is a fact, well established, that weaker acids may replace stronger ones, and it appears a fair deduction that the alkaline hydrocarbonates of the blood become, under the influence of the secreting cell, neutral carbonates, by displacing from the chlorides the chlorine, which unites with the hydrogen so liberated to form hydrochloric acid. As to the intimate function of the secretory apparatus in the production of HCl, little is known, though it seems proven to a certainty by Heidenhain that the ovoid cells of the tubules of the peptic glands secrete the acid, for on the tubules of the pyloric glands no ovoid cells are found, and no HCl is secreted by them, although the secretion of pepsin by them is readily shown by the digestive test with addition of hydrochloric acid.

Porro-Cæsarean Section.

An interesting case of Porro-Cæsarean section, rendered necessary by a deformed pelvis, and a uterus enormously enlarged by fibroid growths, together with a cyst of the right broad ligament, is reported by Dr. John J. Black, of New Castle, Del., in the *Medical News*, Nov. 2, 1889.

At the conclusion of the report Dr. Robert P. Harris, of Philadelphia, adds the following remarks: "This operation of Dr. Black deserves a special notice, from the fact that it was the first Cæsarean section ever performed in the State of Delaware. That death should have followed it is not to be wondered at, when we consider that the subject was a rachitic dwarf, with a collapsed pelvis; and that her case was rendered far more serious by reason of the abnormal state of her uterine tissues. Women with uterine fibroids have been saved under the old Cæsarean, Porro-Cæsarean, and new Cæsarean sections, it is true; but the proportion has been very small, compared with that of the cases in which the uterine tissues have been free from disease. The Porro method can rarely be employed with advantage in cases of obstruction by uterine fibroids, because of the fact that the cervix is generally involved in the disease itself; and in the new Cæsarean the degeneration of tissue to be sutured is a serious obstacle to a satisfactory closure and an early union. Two Sänger and two Porro cases in Philadelphia, all fatal, attest the risk to life in operating on parturient women with obstruction by fibroids. There have now been performed, in all countries, 269 Porro-Cæsarean operations, with 122 deaths; the record of our own country is 11 cases, with 8 deaths—a higher mortality than any European country, except Scotland, which has lost 4 out of 5; Austria has saved 43 out of 61. Germany has lost only 13 out of her first 98 Sänger cases."

The Hypodermic Injection of Creosote and Guaiacol in Pulmonary Consumption.

Induced by the favorable reports of Schetelig (*Deutsche Medizinal Zeitung*, 1889, No. 16) on the subcutaneous injection of creosote and guaiacol, mixed with almond oil, Dr. Ludwig Polyák (*Wiener Med. Presse*, 1889, No. 40) determined to investigate the action of these agents in this disease, with a view of ascertaining whether the antipyretic effect which they manifested in Schetelig's experiments, could not be substituted for that of antipyretics which are in common use and the administration of which frequently leads to undesirable results.

He injected these agents one hundred and seventy-six times in eight cases and found that the minimum antipyretic dose of creosote was three and one-third grains, and the largest dose he administered was seven and one-half grains. The doses of guaiacol were practically the same. The antipyretic action of both was prompt. Immediately after the injection profuse hydrosis set in and in the course of half an hour the temperature sank from one to one and a half degrees centigrade, and attained its lowest point in two hours. In one case the temperature fell six degrees. Four hours after the injection, the temperature rose rapidly to a point higher than it was before the injection, and this was accompanied by rigors. Large doses had no marked effect on the fever, when this was rising. He observed no difference in the action of the two agents. Their undesirable effects are: profuse sweatings, rigors, and sudden temperature oscillations. No collapse was observed at any time; and, although the expectoration diminished slightly in four cases, and the appetite and digestion improved in two, the author is doubtful if these good effects can be attributed to the drugs, and on the whole finds nothing encouraging in their application. Besides their injection is very painful and very often followed by local inflammation in the skin of the abdomen—the seat of their introduction.

Aborting Abscesses.

Apply a yeast poultice to the affected parts, upon which equal parts of borate of soda, boric acid, salicylic acid and powdered tannin should be dusted.

A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess if it is resorted to when the local symptoms first make their appearance.

Frictions with the following ointment will also be found valuable:

℞ Salicylate of bismuth	2½ drachms
Lanoline	7½ drachms

—*Le Bulletin Méd.*, September 29, 1889.

Recent Deaths at the Pasteur Institute.

Even those who do not agree with Dr. Pasteur's views regarding the pathology and therapy of rabies, must admit that the Institute is at least honest, for it faithfully records all deaths which occur during or after the treatment. Although quite a startling number have already been published, we find, in the *Bulletin Médicale*, September 29, 1889, three more added to the list.

The first, a man 28 years old, was bitten July 6, and the wound was cauterized an hour after. He was admitted to the Institute on the ninth of the same month, was treated, and discharged on July 29. He was attacked with unmistakable symptoms of hydrophobia on August 16, and died on the nineteenth.

The second case was that of a girl, thirteen years old, who was bitten May 23, and who was treated at the Institute from May 25 to June 8. Symptoms of rabies appeared on the eleventh of July and she died on the fourteenth.

The third case, a boy seven years old, was bitten August 5, and admitted for treatment at the Institute on August 9. Symptoms of hydrophobia were first noticed on the twenty-sixth of the same month and the child died from rabies on the thirty-first.

Hernia in Children.

In a paper published in the *University Medical Magazine*, November, 1889, Dr. Edward Martin and Mr. W. G. B. Harland state that although there is no surgical subject upon which statistics are more comprehensive and accurate than that of hernia, the literature upon this affection as it occurs in early life is comparatively meagre, and, judging from our experience in out-patient departments, the treatment is not generally outlined as clearly in the minds of physicians as is the treatment of rupture in the adult.

The hernia most frequently found in children is the inguinal, on the right side, in the male. The common predisposing cause is a congenital patulous condition of the tunica vaginalis or serous sac, which accompanies the testicle in its descent. Dissections have shown that this sac is more commonly found open upon the right side than upon the left. Swasey (*American Journal of Obstetrics and Diseases of Women and Children*, Vol. XIII, No. 3, July, 1880) suggests that the disproportionately heavy liver of early life may also be a factor in causing raptures to appear more frequently upon the right side.

The exciting cause of hernia in children is commonly crying, coughing, or straining. As an example of the latter, it was noticed in dispensary practice that tight phimoses and hernia were frequently associated, and Kempe (*Lancet*, July, 1878) calls attention to the same fact. Against this, it must be admitted that phimosis was observed in probably the majority of patients examined for a great variety of surgical affections.

Umbilical hernia is, in proportion to the number of cases, found more frequently in the female child; and for this fact we have been able to find no adequate reason assigned. Femoral hernia is exceedingly rare in infancy and childhood; in the statistics we have collected from the records of the Children's Hospital, and from the books of a prominent truss manufacturer of this city, we have not found a single case. The reason for this is satisfactory: a narrow pelvis, a short Poupart's ligament, large muscles, and complete closure of the space are all factors distinctly antagonistic to the production of this form of protrusion.

From tables prepared at the Children's Hospital, Philadelphia, it appears that, in the first ten years of life, 44 per cent. of all cases occur during the first five months after birth, and that 68 per cent. occur within the first year. Although this differs from the results of statistics compiled from the records of the truss makers, it is probably more according to facts, since it is well recognized that the ruptures of very early life are frequently not discovered, or, if properly diagnosed, are either not treated at all, or are treated by means of compresses and bandages.

Though the number of cases recorded is comparatively small, it is large enough to show the frequency with which female children suffer from umbilical hernia. While, in 1,078 males it is found 116 times, a ratio of 1 : 9.3, in 264 females it is found 76 times, a ratio of 1 : 3.6. Swasey's figures, taken from a large number of cases, are still more striking. While the ratio in male children is 1 to 20, in female children it is 1 to 2.66. This fact is not generally recognized in the standard text books of surgery, the statement that males are more liable to this form of hernia being generally credited.

Another point worthy of notice is the frequency with which umbilical hernia occurs in early life, and hospital records are more to be trusted in showing this fact than the records of the truss companies, since the treatment of this affection can be satisfactorily conducted without ordering a special apparatus. Thus while the Children's Hospital Dispensary shows that the ratio of umbilical to inguinal hernia is as 1 to 2.1, the truss manufacturers' records give this ratio as 1 : 9.5.

The treatment of hernia in early life should be instituted the moment the hernia is discovered. The belief in non-interference, in the trust that the defect will be outgrown, is universal among the laity, and not rare in the profession. This is more evil in its consequences than would be the same doctrine if applied to adults, since, in the one case, prompt and proper treatment offers a very good chance for permanent cure, while in the other, palliation is all that is accomplished under the most favorable circumstances.

Reduction and permanent retention, practically summarize the treatment of hernia in infancy and childhood. In the case of inguinal or fermoral hernia, a hard rubber truss, the spring of which is not too strong, should be applied immediately after reduction, and worn day and night. The skin should be protected by frequent bathing with alcohol, after which it should be thoroughly dried, dusted with zinc oxide or ordinary infant's powder, and further protected, if necessary, by a small pad of absorbent cotton. *The truss must be worn day and night, and the hernia must never be allowed to descend.* Under this treatment the physician need not hesitate to give a favorable prognosis.

Umbilical hernia is best treated by first reducing, then bringing the recti muscles as closely together as possible, placing a flat piece of cork the size of a silver dollar, or a compress of lint, over the umbilicus, and applying rubber adhesive plaster of such a length as to go almost completely around the body and hold the muscles and compress in proper position. A conical cork should not be thrust into the umbilicus, as this tends to keep the opening patulous. In addition to this dressing a tight binder should be applied.

Antifebrin in Sore Throat.

Dr. W. Sahli, of Langenthal, highly recommends the internal use of antifebrin, in the dose of from four to eight grains three times a day, in diphtheria and in scarlatinal and other forms of sore throat. The drug has not any marked influence on the course of the disease, but it rapidly (in about a quarter of an hour) and completely removes such subjective symptoms as painful swallowing and mastication, faucial soreness, headache, etc. It may be given either in powder or in a mixture with alcohol and syrup. The latter form is especially useful in children. No disagreeable accessory symptoms were ever observed.—*British Medical Journal*, Oct. 12, 1889.

Conditions of Intra-uterine Infection.

Infection of the fetus before birth is a recognized fact, but it is, perhaps, too readily assumed that infective material may pass from the maternal into the fetal blood by the normal channels of embryonic nutrition. Dr. Romeo Mangeri, of Catania, believes this to be impossible. As the result of wide study of the literature of the subject and of original experiments, he has come to the conclusion that no formed elements naturally pass out of the mother's blood into the fetal circulation. Cinnabar, Indian ink, carmine, and other materials were injected into the jugular veins of animals advanced in pregnancy, but in no case could any trace of the substance employed for experiment be found in the fetus. Passage of formed elements can only occur when the maternal placenta becomes diseased by inflammation, hemorrhages, etc.; so that the walls of the villi are destroyed. Only under these conditions can septic or specific organisms pass from the mother into the blood of the fetus.—*British Medical Journal*, Oct. 19, 1889.

Creosote for Diseases of the Air Passages.

In a paper on the value of creosote, in the *Virginia Medical Monthly*, October, 1889, Dr. Wm. Perry Watson, of Jersey City, N. J., describes its use in fifty cases of disease of the air passages.

Of these unselected cases eight were patients in the last stage of consumption; and while improvement was noticed for a few days after the creosote treatment was used, yet it had no permanent effect.

Of the sixteen cases with simply consolidation, the improvement was so marked in all cases but two (one complicated with chronic Bright's disease and one with consolidation at both apices), that they were discharged from the hospital.

Of the six cases of chronic bronchitis, some with emphysema, others with pleural thickening, all were markedly improved by the treatment.

Of the five cases of acute bronchitis, all were rapidly cured.

The case of acute pleuritis, with effusion was quickly cured.

The cases of laryngeal phthisis were improved.

The case of acute laryngitis was cured by the inhalations alone.

The cases of nasal catarrh, as a complication, were quickly cured.

The conclusions he draws from a study of his cases are, that while creosote will not cure all cases of consumption, yet it will benefit nearly all; that in cases with simply consolidation before the "breaking down" process begins, it seems to arrest the diseased process, and further investigations will be required to ascertain its permanent utility, although similar cases observed for a long time by Robinson and Flint would convince us that improvement was lasting.

In acute and chronic diseases of the bronchi, its use was very marked, cases of the former being quickly cured, while those of the latter were improved sufficiently for them to leave the hospital in a short time. Another very important fact noticed in these experiments was that the more constant the inhaler was worn, and the internal mixture taken, the more marked was the improvement; so that I am satisfied that, to obtain the full benefits of this treatment, the system should be saturated with the creosote as rapidly as possible; and while I should not expect any miraculous cures, yet I believe it is, combined with good hygienic and dietetic surroundings, the most promising treatment of consumption in the laboring classes we yet possess.

A Dog with Half a Brain.

A most interesting physiological experiment was one recently performed by Dr. Goltz, of Strasburg. It consisted of relieving a dog of the entire left hemisphere of his brain, taken out piecemeal during the course of a month. The dog seemed but slightly inconvenienced by his loss; his voluntary movements were not impaired. The right paw was evidently weaker than the left, but when his food was covered with earth and straw and his left paw held, he would uncover the food with the right one. Some rotatory troubles were also observable.—*Bulletin Médicale*, September 15, 1889.

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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

NEW OPERATION FOR PROLAPSE OF THE RECTUM.

The management of intractable cases of prolapse of the rectum is one of the most difficult tasks which the surgeon can meet with, and a variety of procedures have been proposed, with the design of making the task less trying. Unfortunately most of these are difficult of performance, and none of them are of very great utility. Under these circumstances, it is of more than ordinary interest to find a new method, which gives promise of decided usefulness, and which, in the single case in which it has been used thus far, has proved entirely successful.

The credit of this proposition belongs to Dr. Jeannel, of Toulouse, and the publication of it to the scientific world to Professor Verneuil, of Paris. At the meeting of the French Academy of Medicine, October 8, 1889, Professor Verneuil read an elaborate report on a communication of Dr. Jeannel, in which he described the method he had adopted, and recommended it in the warmest terms to the notice of his fellow-Academicians.

As described in this report, the patient of Jeannel was a woman, 57 years old, who had suffered with prolapse of the rectum for years, with displacement of the other pelvic organs, and in whom the usual surgical procedures were of no service. After finding them to fail, Jeannel conceived and executed the following operation. He opened the abdomen in the line usually employed in for inguinal colotomy, searched for, and found, the sigmoid flexure, drew it out at the wound, and supported it with a piece of catheter covered with iodoform gauze, passed through the mesentery, after the method of Maydl. This manœuvre reduced the prolapse completely, and in five days there was a stool from the anus, without any reappearance of the prolapse. On the sixth day Jeannel opened the bowel, and completed the formation of an artificial anus. After this, the stools were passed from both anuses, and the woman rapidly regained her strength and good spirits. Seven months later the natural anus had almost completely recovered its normal position and shape.

Verneuil, in describing this operation, gives a very interesting account of the principles which should govern surgeons in attempting to correct the conditions of prolapse of the rectum, and points out the admirable way in which they are followed in the operation of Jeannel. He also points with gratification to the measure of success which has attended the new operation.

It is possible that he looks too enthusiastically upon the merits of this method, but it cannot be denied that it has much to recommend it upon general principles, and that the success which followed its employment justifies the hope that—perhaps with some modifications—it is calculated to yield excellent results.

TREATMENT OF PUERPERAL MASTITIS.

Puerperal mastitis being a disease of comparatively frequent occurrence, and one which has so painful a course, and which may produce such serious results, the necessity for correct views concerning its etiology, pathology, and therapy is apparent. As is well known, the old view was that mastitis was due to cold or injury, and that it was greatly aggravated and often produced by milk retention. The treatment logically resulting from this doctrine was the frequent application of the child to the breast, the use of the breast-pump, friction with the hand from the periphery to the centre of the breast—one or all, as the patience of the sufferer would allow. In addition, perhaps an ice bag, or a poultice was applied, or a handkerchief-sling used for support, or belladonna ointment was rubbed into the breast, and a saline purge was administered, followed by anodynes, and rest in bed. The results obtained by this method are generally believed to be unsatisfactory.

With the advance of modern investigations into the etiology of inflammation, mastitis came to be regarded as an infectious inflammation, the point of infection being usually fissures or ulcers of the nipples, the route being in rare cases the intact milk ducts. This doctrine was prominently set forth by Billroth. About this time Harris advocated the use of the roller-bandage, properly applied over the breasts, together with rest in bed, and rest from nursing, as the ideal method of treating mastitis. He supported his views by reporting (in the *American Journal of Obstetrics*, January, 1885) numerous cases successfully treated by this method. This treatment was favorably noted in the REPORTER, April 28, 1888.

In the hands of other men the same favorable results have been obtained. In the experience of one experienced practitioner in the city, for five years past, not once has abscess resulted when the bandage was properly applied. A cold abscess was eventually opened in one case, in which an indurated mass was present for ten days prior to instituting treatment. When at at the same time nipple lesions are properly treated, this method certainly gives ideal results. Quinine, salines, and the bromides, given internally, are useful adjuvants.

Recently there are signs of a return to older views. Garrigues, of New York, while an ardent advocate of compression, both as prophylactic and curative of mastitis, favors emptying the breasts under certain restrictions. Parvin, also an advocate of the compression-bandage, considers that in some cases it may be best to empty the breasts; because the retained milk may undergo fermentation and prove a secondary source of irritation.

In the *Medical News*, August 31, 1889, Dr. Eugene F. Cordell advocates, in the treatment of mastitis, a return to the use of of hand-frictions, and the methodical emptying of the breast—preferably by the nursing infant, and in some cases by the husband, nurse, or breast-pump. He bases his advocacy of this method of treatment upon the fact that during the very considerable time he has employed it, no parenchymatous abscesses have occurred in his practice.

This statement, coming from Dr. Cordell, is of great importance, and its results have surely been all that can be desired. But it is difficult to understand the *modus operandi* of the treatment. No surgical principle is more firmly established than that an inflamed organ must have rest from function. Who would prescribe frictions in acute orchitis, or walking in acute inflammation of the knee-joint? No better reason for stroking an inflamed breast, or for permitting the continuance of nursing, or the use of the breast-pump, in this condition, is apparent, and the advocates of such treatment, in mastitis, must produce sound evidence of its necessity and value before it will be adopted by the profession at large, and especially by those who have found such good results to follow the intelligent use of the compression-bandage, after the plan recommended by Harris.

TREATMENT OF BURNS WITH SOZIODOL OF POTASH.

Some time ago a long article was published by Dr. Mundy, in one of the Vienna medical journals, regarding the value of iodoform applications in the treatment of burns. The treatment was extensively adopted and excellent results reported, and the subject was fully discussed at the recent Congress on Dermatology and Syphilis in Paris, as stated in an Editorial in the REPORTER, Oct. 19, 1889. Now, however, Kaposi warns against the indiscriminate use of iodoform, claiming that although its anodyne properties are excellent, it does not prevent suppuration and frequently toxic symptoms, such as restlessness, rapid pulse, delirium, collapse, and sometimes even death are directly ascribable to the use of the drug.

Many practitioners have favored the use of carbolic acid solution as a local application, but Billroth, of Vienna, objects to the use of this drug, claiming it to be dangerous.

A newly recommended preparation for the treatment of burns is soziodol, which is antiseptic and anodyne, and does not provoke suppuration or involve any danger, so far as is now known. Chemically, soziodol is the sodium salt of diodparaphenolsulphonic acid—a name too inconvenient for general use. The salt prepared with potash has been named soziodol of potash, and this is very warmly recommended for the treatment of burns by Dr. Ostermeyer. In an article in the *Deutsche med. Wochenschrift*, October 10, 1889, Ostermeyer describes the method he employs as follows: The blisters produced by the burn are opened and their contents are removed with sterilized absorbent cotton, then a mixture of one part of soziodol of potash with ten parts of powdered starch or talc is freely dusted over the seat of the burn, and a cotton dressing and roller bandage are applied. The beneficial action of the preparation is usually observed in a very short time. The pain at once disappears, and within twenty-four hours the process of healing may be expected to be well advanced, and this without any suppuration.

Ostermeyer's experience has shown him that, even when very large surfaces are exposed, there is absolutely no danger of poisoning from this drug; further also that it is equally adapted to the treatment of burns produced by cauterizing chemicals and to ordinary burns or scalds. Finally, a most important feature of the treatment is that it leaves the patient with little or no scar.

CONFECTIONERS' DISEASE.

A disease, peculiar to confectioners, has been recently observed in France. It occurs principally in persons engaged in the manufacture of candied fruits and "maron glacés" or candied chestnuts. Five cases observed by Dr. Albertin, of Lyons, and described in the *Gazette Hebdomadaire*, March 19, 1889, well illustrate the nature of the disease. The affection is restricted to the nails of the hands, and usually first makes its appearance at the sides of the nails, the periungual portion becoming loosened and raised up, the nail losing its polish and becoming black. In more advanced cases an inflamed swelling appears at the base of the nail. The nail is rough, scaly, and in some cases broken in several fragments; but is never cast off in its entirety. Finally the terminal phalanx also undergoes a change in form and becomes flat and widened. In the earlier forms of the disease very little pain is experienced and the patient is able to go on with his work. The disease disappears as soon as the work is discontinued, although a deformed nail and a flat or bent terminal phalanx is apt to remain. Albertin states that among the large number of candy factories which he has visited, he has not found one in which from one to three workmen were not suffering with the disease.

It is evident that the affection is caused by handling and working in the various substances employed in the manufacture of candies, among which are mallic, tataric and citric acids. The hands are also alternately in cold and hot liquids; and this, as well as the manipulation of the preparations, by means of which the irritating substances find their way under the nails, may be regarded as causative factors.

Albertin has given the malady the name of "professional onyxis and peri-onyxis," and believes it to be exclusively restricted to confectioners. It would be interesting to know whether this disease exists in this country, where manufacture of candies is so extensive.

COLORED SOUNDS.

The readers of the REPORTER will recall the fact that their attention was called in an Editorial, January 28, 1888, to the experiments of Verga, in 1865, and to those of Baratoux, in 1887, in regard to the production of the mental impression of different colors by means of different sounds.

Very recently the Vienna correspondent of the *Medical Press and Circular* reports that Prof. Quincke, of Kiel, has been devoting himself to a careful study of this subject. He finds that when a trumpet is loudly sounded at the ear of a sensitive patient, he will immediately define the first color he sees as yellow. A vocal sound A will give the impression of black, while the vocal sound O conveys the sensation of red. This phenomenon he compares to the radiating pain of toothache, and the shoulder pain in case of hepatic affections, which are examples of peripheral excitation transferred to another path on its way to the reflecting centre, where it is received as a true impression. These interesting observations seem to confirm those already recorded by Baratoux, and to have a curious bearing upon important physical and physiological phenomena.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

CEREBRAL LOCALIZATION IN ITS PRACTICAL RELATIONS. BY CHARLES K. MILLS, M. D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. 8vo, pp. 101.

This essay is a reprint of a paper read before the Congress of American Physicians and Surgeons, at Washington, D. C., September 19, 1889. It is one of the most valuable and scholarly contributions to the subject that has hitherto appeared. An abstract of the more important parts of the paper was published in the REPORTER in connection with the Report of the Congress, so that no review of it is needed now. Those interested in cerebral localization, however, will welcome the appearance of the essay in its present form, and will be glad to know that it can be obtained from P. Blakiston, Son & Co., Philadelphia, for a moderate price (60 cents).

ANATOMIE TOPOGRAPHIQUE DUODÉNUM ET HERNIES DUODÉNALES.
TOPOGRAPHICAL ANATOMY OF THE DUODENUM AND OF DUODENAL HERNIAS. BY JONNESCO, Provisional Prosector of the Faculty, Interne of the Hospitals. 8vo, pp. 207. With 21 illustrations. Paris: *Progrès Médical*, 1889. Price, three francs.

The first part of this book consists of a communication made to the Anatomical Society of Paris, February 17, 1889. The author describes and figures the appearance of the duodenum in infancy and in adult life. In the former, the duodenum is ring-shaped, the ascending portion rising to the same level as the beginning of the descending portion, the head of the pancreas filling up the space between the two portions. In adults, however, the ascending portion does not rise so high, and the terminal portion is turned more to the left, the space between the descending and ascending portions being increased, as though from development of the head of the pancreas. This gives the duodenum more of a **U**- or **V**-shape. A good description of the fossæ of the duodenum is also given, three of them being distinguished.

The last twenty-seven pages are taken up with an account of duodenal and duodeno-jejunal, or mesocolic, hernias. These occur in the fossæ referred to. The first case was that of Neubauer, which was published in 1776. Leichtenstern, in 1878, collected forty-two cases of duodeno-jejunal hernia, four of the cases, however, being doubtful. The author quotes Treitz upon the etiology of these hernias and reproduces his general conclusions.

The book gives a great deal of information upon the subjects of which it treats. It should be consulted by all those interested in the rare hernias mentioned. The illustrations are excellent and the type clear and large.

RAPPORTEUR ESTHÉTIQUE DE M. CHARLES HENRY, permettant l'étude et de la rectification esthétique de toute forme.

THE ESTHETIC REPEATER OF M. CHARLES HENRY, for the study and æsthetic correction of form. 8vo, pp. 22. Paris: G. Séguin, 1888. Price, 20 francs.

In this little essay M. Henry has tried to solve the problem of the relative pressure produced by certain forms. The instrument for this purpose is called a "*Rapporteur esthétique*," and its object is to make it possible for agreeable forms to be produced at will and following certain fixed rules. It is expected by the author that the instrument will prove of value not simply in the industrial arts, where it will be used to show what is meant by the normal; but also in medicine, where it will gauge the normal or pathological character of vital reactions. It is also asserted that the instrument can be used to improve the handwriting, and at the same time to develop the rhythm of nervous action.

CERCLE CHROMATIQUE DE M. CHARLES HENRY, présentant tous les Compléments et toutes les Harmonies de Couleurs, avec une Introduction sur la Théorie générale du contraste, du Rythme et de la Mesure.

CHROMATIC CIRCLE OF M. CHARLES HENRY, giving all the Complements and all the Harmonies of Colors, with an Introduction upon the General Theory of Contrasts of Rhythm and of Measure. 8vo, pp. 168. Paris: Charles Verdin, 1888. Price, 40 francs.

The author asserts that no sensation or idea is possible without movement. To impose upon a subject a certain attitude is to suggest to him the correlative idea; it may, therefore, be affirmed that the psychical functions are the virtual movements of the living being. The author endeavors to show, further, that the living being is able to describe only cycles—circles described in a single direction—of a definite radius, expressing its diverse excitations by varying directions, virtual or real, of its force. A direction above or below, to the right or to the left, marks the agreeable or disagreeable nature of such excitations. Direction is therefore assumed as the representative element common to all sensation. When the directions differ more or less, at the maximum or minimum, successively or simultaneously, their function is that of *Contrast*. When they differ in certain angles, there is *Rhythm*. When they belong to cycles whose radius is too large to be described continuously, and the number of units of measurement of these directions, considered as the denominators of fractions of a cycle, are realizable continuously by our organization, there is *Measure*.

The author then takes up the problems of color. He shows how to determine the three fundamental prismatic colors, the four fundamental pigments, and constructs his chromatic circle; he lays down the principles of a rational polychromy, and deduces the phenomena of irradiation, and shows how to neutralize it. He then seeks to determine the illuminating power of different parts of the spectrum, and to fix the order in which the colors should be ranged with a view to visual repose.

The author has endeavored to make the same scientific analysis of color as has been already made of sound. The book will prove interesting and profitable reading to those who are interested in the subject and who are sufficiently familiar with physics and metaphysics to follow the argument.

LITERARY NOTES.

—The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the *Hospital Bulletin*. It will contain announcements of courses of lectures, programmes of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the Medical Society of the Hospital, reports of lectures and all other matters of general interest in connection with the work of the Hospital. Nine numbers will be issued annually. The first number will appear in November, 1889. The subscription price will be one dollar per year.

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NOTES AND COMMENTS.

Treatment of Functional Disorders of the Stomach.

At a meeting of the Philadelphia County Medical Society, Oct. 9, 1889, Dr. Frederick P. Henry read a scholarly paper on the diagnosis and treatment of functional disorders of the stomach. In regard to the latter, he said:

There are at least two kinds of pyrosis, one due to an excess of lactic acid and the other to an excess of hydrochloric; and the time-honored treatment of this symptom, without reference to its cause, has been the administration of sodium bicarbonate. The following experiment of Bourget shows that this drug, in the commonest form of pyrosis—that caused by an excess of lactic acid—is, at most, an evanescent palliative. To a patient with chronic gastric catarrh and dilated stomach, was given a certain amount of soup, some of which was withdrawn two hours later, and found to contain 1.68 per cent. of lactic acid and no HCl. It was then exactly neutralized with sodium bicarbonate and placed in an incubator. At the end of half an hour it contained 4 per cent. of lactic acid. It was again neutralized and about eight grains of sodium bicarbonate added in excess. At the end of an hour free lactic acid was found. On the other hand, HCl given during a meal was found to prevent the formation of lactic acid. This corresponds with the physiological fact that the lactic acid formed during the first half hour of digestion is speedily suppressed by HCl. Bicarbonate of sodium undoubtedly neutralizes any lactic acid that may be present in the stomach, but instead of preventing its further formation, seems to increase it by creating an alkaline medium favorable to the growth of the organism of the lactic acid fermentation. Lactic acid pyrosis, therefore, is to be treated by the administration of HCl during, or immediately after, a meal.

Pyrosis hydrochlorica may be due to hyperacidity or hypersecretion. In the first instance, it is to be treated by the administration of an alkali several hours, from four to six, after a meal. In hyperacidity the gastric juice is abnormally active, its physiological work is soon performed, and then it expends its superfluous energies upon the unfortunate patient. Having waited until its work is done, it is rendered powerless for mischief by the administration of an alkali, just as in peptonizing milk we boil the mixture or place it on ice to prevent the process from going too far.

The most successful treatment of hypersecretion consists in the methodical washing out of the stomach, preferably just before the principal meal, and the administration of alkalies. The latter should be given in large doses, for, as is well known, the administration of a small dose of an alkali will be followed by an increased secretion of gastric juice. Thirst is often excessive in these cases, but water should not be allowed except in small quantities, as it tends to increase the dilatation which is usually present. When the sense of thirst becomes unbearable, it is better to obtund it, as Riegel suggests, by the administration of small doses of opium than to permit the ingestion of large quantities of water. The diet should, at first, consist exclusively of albuminous substances, as carbohydrates are only partially digested, and by their fermentation aggravate the disease. Dr. Roberts, of Manchester, observing a profuse flow of saliva in cases of acid dyspepsia, and believing it to be a provision of nature for relieving the surplus acidity of the stomach, recommends the use of substances that will provoke its secretion, such as gum lozenges containing a small amount of ginger, cayenne pepper, or pyrethrum. He has thus experienced relief in his own person and given it to others.

In cases of motor insufficiency, in addition to general hygienic measures, the vegetable bitters, especially strychnia, and alcoholic stimulants may be used with advantage. Klemperer found that both substances hastened the exit of food from the stomach.

The treatment of nervous dyspepsia must vary with the cause producing it. One case will be cured by restoring the uterus to its normal position, another by curing a chronic constipation or expelling a tapeworm; still another by allaying an irritation of the spine. A restricted diet, or one of milk only, which is always beneficial in catarrh, is of little or no benefit in cases of nervous dyspepsia. General supporting measures, massage, electricity, the bromide salts, and, if anæmia exists, arsenic and a mild non-constipating preparation of iron, such as the potassio-tartrate, are the chief indications. I believe also, from a limited experience of the measure, that lavage may sometimes be of decided service in soothing a hyperæsthetic mucosa.

Bromide of Potassium with Belladonna for Enuresis.

Mr. J. T. Richards writes to the *British Med. Journal*, June 22, '89, that two cases of nocturnal incontinence of urine of long duration in boys of 12 years of age, coming under treatment at the same time, have yielded in a striking manner to a combination of bromide of potassium with belladonna, after belladonna alone and other drugs had failed to produce effect. In the first case, the boy had been discharged, on account of the incontinence, from an orphan institution, where he had been admitted with a view to emigration. He had been an in-patient at Wirral Children's Hospital, Birkenhead, four years previously, for three months with "scrofulous cystitis, cured by accidentally induced acute cystitis from injections." At this time he was circumcised. The enuresis had lasted from infancy. When readmitted last February the usual precautions were taken to ensure regular emptying of the bladder at night. An enema was given before sleep, and was successful on the first night or two that it was tried, but not afterwards. Belladonna, iron, saccharin, nux vomica (up to ♏ x of the tincture thrice daily), and codeine were given successively, without even temporary effect. On April 15 he was ordered: pot. brom., gr. x; tincture of belladonna, ♏ x, every night; and this was at once effectual. From the time that he took his first dose until May 11 when he went home, and for a fortnight afterwards, when he was last heard of, no wetting of the bed occurred, excepting once, on April 20, when he had not been attended to as usual. At this time the dose of tincture of belladonna was increased to ♏ xv.

The other case was that of an out-patient, where the habit was of equally long standing, and belladonna and nux vomica had been given without benefit for several months. On April 24 this patient was ordered: pot. brom., gr. x; tinct. belladon., ℳxx, every night before going to bed, with the same immediate effect as in the former case, which has continued without interruption to June 3.

Erysipelas Treated with Iodine.

Dr. Tichomirow recommends the employment of tincture of iodine as an external application in erysipelas, even in cases in which bullæ have formed. He paints the iodine over the affected part and its vicinity three or four times a day. The irritation caused by the treatment is easily allayed by the application of a little camphorated oil. Usually he found a couple of days sufficient to reduce the infiltration and to bring the temperature down to normal. A similar mode of treatment he also considers very beneficial in cases of boils and carbuncle Even after these have broken he recommends that the iodine should still be applied, the wound being cleansed from pus and a dressing of cotton-wool applied. — *New York Medical Abstract*, June, 1889.

Improved Hypodermic Method.

Dr. P. G. Udell, of Spencerport, N. Y., writes to the N. Y. *Med. Record*, Oct. 12, 1889: Every physician who employs the hypodermic method is aware of the fact that painful swelling and abscess not infrequently follow its use. This undoubtedly arises from the introduction of septic matter—because the method of antisepsis has not been rigidly applied to this simple surgical proceeding. The sources of infection are numerous. The syringe may be unclean; the needle may be foul; the hypodermic tablet may be composed of materials that undergo fermentation; the water used as a solvent may be impure; the spoon employed to prepare the solution in may furnish the septic matter, etc. I have for some time used a method whereby the above dangers may be positively avoided. In one of the compartments of my syringe-case I carry two small test-tubes, nested; the inner one is converted into a vial by closing the open end with a cork, and contains my hypodermic needles immersed in absolute alcohol. This agent sterilizes any septic matter that may be on the needles, and does away with the necessity of using a wire for maintaining the patency of the same; there is no rusting, and the needle is always aseptic. I frequently cleanse the syringe with a five per cent. carbolic acid solution. Having occasion to use it, I free the needle of alcohol by passing through it water that has been boiled. I now dissolve one of Wyeth's tablets in a few minims of boiled water, and for this purpose carry the second test-tube, in which water may be boiled quickly over any flame that may be convenient, a match answering the purpose very well. After the solution is sufficiently cooled, it is drawn into the syringe, and is ready for use. The above plan may seem somewhat fussy in detail, but in practice is exceedingly simple, and, if followed as directed, should relieve the physician of those mishaps so annoying to himself and patient. If some instrument-maker will materialize this idea, it will involve but slight increase in size of the pocket-case now in use.

Curious Transmission of Scarlet Fever.

The *Boston Post* is responsible for the story that in 1846, a boy, eight years old was taken down with scarlet fever, and died. One of the principal amusements of his illness had been looking over a large picture book. After his death this, with several other useful playthings, was packed away in a trunk. Twenty-six years later, in 1872, the trunk was taken to England. The trunk was opened the second day after its arrival, and the picture book was taken out and presented to a boy two years old. During the next fortnight the little fellow was attacked with scarlet fever. It was a wonder to the doctors who were called in consultation how the disease had been contracted, as there had been no scarlet fever in the town for years. At last it was suggested that the picture book might have transmitted the disease, and the medical men in attendance, on being told the facts connected with it, agreed that it had retained the poison for twenty-six years and then communicated it to the child.

This appears to be one of the instances in which scarlet fever from some unknown source developed coincidently with the handling of articles used by a patient who had the disease many years before.

NEWS.

—Forty-seven persons committed suicide in Berlin during September of this year.

—The State Medical Board of Minnesota is about to publish a complete list of the physicians of Minnesota.

—Edward B. Garrigues, one of the founders of the College of Pharmacy, of Philadelphia, died November 4, at the age of 94.

—The Semi-Annual meeting of the Medical and Chirurgical Faculty of Maryland will be held in Hagerstown, Md., November 12 and 13.

—Professor Giuseppe Ruggi, the well-known Italian surgeon, completed his 200th case of laparotomy on August 1, and began his third "century" August 5.

—Dr. L. Webster Fox, who recently returned from England, was given a complimentary dinner at the Union League, November 7, by his professional friends.

—The Schuylkill Navigation Company has offered to supply the city of Philadelphia with pure water from the Schuylkill river by utilizing the canal of the Company as an aqueduct.

—The *Riforma Medica*, a daily medical journal published at Naples, has just received the first prize in the section of medical publications at the Exhibition of Hygiene and Medicine recently held at Padua.

—The opening meeting of the D. Hayes Agnew Surgical Society was held in the Chapel of the University of Pennsylvania, Nov. 2, 1889. Addresses were made by Dr. William Pepper and Dr. D. Hayes Agnew.

—The Philadelphia Cremation Society is pleased with the action of the Committee on City Property, which has recommended to Councils an appropriation of $3,000 for a crematory in which to burn the city's unclaimed dead.

—The Imperial German Government has taken upon itself the duty of providing part of the funds requisite for the coming International Medical Congress, to be held in Berlin, August, 1890, to the extent of 80,000 marks. It is expected that the Prussian State Treasury will be still more liberal.

—General Armstrong, formerly Consul General at Rio de Janeiro, was at the State Department November 4, having just arrived in this country. He says the fears of a yellow fever outbreak in the ports of Brazil referred to in the REPORTER, November 9, are unfounded, that the prospects for a good season are bright.

—One of the Dispensary Physicians of the Woman's Homœopathic Hospital was held, on November 6, in five hundred dollars bail for Court, upon the charge of practicing as a physician without having registered. The physician in question had applied at the Hahnemann Medical College for endorsement, but was refused, as her diploma was that of an eclectic.

—Commissioner of Pensions Raum has announced that hereafter in all cases where a medical examination is desired or required under any of the several pension laws such examination must be made by the local Board of Examining Surgeons in the district in which the claimant resides. Hereafter the Washington Board will not be allowed to examine claimants for pensions whose residence is not within its jurisdiction.

—Dr. I. N. Love, of St. Louis, announces that in January, 1890, he will issue the first number of the *Medical Mirror*, which will present, monthly, original papers and an epitome of current literature, domestic and foreign. It is stated that the *Mirror* will not hesitate to be personal if necessary, but nothing unkind or unjust shall knowingly ever enter its columns. The subscription price will be $2.00 per year, in advance.

—During the present month several distinguished bodies have been or are to be entertained by the University of Pennsylvania. On Tuesday last the delegates to the Pan-American Congress visited the institution and partook of a luncheon. On November 12, 13, and 14 the National Academy of Sciences held its annual session at the University, and on November 29 and 30 the College Association of the Middle States and of Maryland, and the Folklore Society, of America, are to hold their annual sessions at the University.

—On November 4, the Grand Lodge of Free Masons of Pennsylvania laid the corner-stone of the new building of the Philadelphia Polyclinic and College for Graduates in Medicine, on Lombard street, below Nineteenth. The ceremonies were opened with a brief address by Dr. Richard J. Levis, President of the Board of Trustees. The fund for the perpetual endowment of a free bed in the Polyclinic, in the name of and as a testimonial to Dr. Levis, was then presented. A copy of the MEDICAL AND SURGICAL REPORTER was placed in the corner-stone.

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CLINICAL LECTURE.

LEUCOCYTHEMIA.[1]

BY HAROLD M. MOYER, M. D., CHICAGO,

LECTURER ON PHYSIOLOGY AND HISTOLOGY,
RUSH MEDICAL COLLEGE, CHICAGO,
ILLINOIS.

Gentlemen: This patient, which you see before you, was admitted into the Hospital on October 11, with the following history:

Family History:—Her father died of consumption. Her mother was sick for about six months, during which time she had convulsions, and in one of which she died.

The previous history of the patient states that two years ago she was sick for six months, after which she seemed to have been in a good condition for quite a while, then she noticed a swelling on the left side of the neck. About three months later she began to have headache, especially on the left side, and on rising in the morning was dizzy. She heard a ringing noise in the ears, at the same time felt weak and was unable to work. Eight months ago the menstrual flow stopped, and since that time she has lost a good deal in weight. She has a slight cough, which is worse during the night; appetite very good. Her feet began to swell about five weeks ago; and there is also pain in the bones. She has pain in the left shoulder which is worse during rainy weather.

I will now pass over the abdominal organs which reveal nothing of importance until we reach the left hypochondriac region. Here there is an area of dulness extending from one and a half to two inches beyond the costal arch. In this location a firm body can be indistinctly felt with a notch in its free edge. Liver dulness extends two inches below costal arch and to left of median line one and a half to two inches.

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[1] Delivered at the Cook County Hospital.

I will ask you what that dulness in the left hypochondriac region is probably due to? What organ have we located there? The spleen. And the notch in its border is almost distinctive that it is the spleen which is enlarged. The liver, of course, is somewhat enlarged, but the other abdominal organs are negative in their examination. Ophthalmoscopic examination of the eye shows some infiltration of the retina; but no hemorrages or marked changes in the optic disc. Urine normal.

I will ask Dr. Hektoen (Pathologist to the Cook County Hospital) to present to you what he has discovered in the examination of the blood of this patient.

REMARKS BY DR. LUDVIG HEKTOEN.

The blood of this patient, when examined a week ago, showed no marked changes from the normal, either to the naked eye or under the microscope. Many authors regard it as necessary in order to establish a diagnosis of leukemia or leucocythemia, that the white corpuscles are in proportion to the number of the red as 1 : 20. There was no such marked relative change in number in this case, and the diagnosis seemed a little uncertain.

The investigations of Ehrlich, however, have resulted in material aid to the early diagnosis of leukemia. Examining into the affinity for *cosin* on the part of the leucocytes he found that in leukemia there is increased presence in the blood of white cells that become deeply stained with eosin; whereas in all acute leucocytes the number of. these cells—*eosinphilous* cells as Erhlich has called them—are very few in number. In this case quite numerous eosinphilous cells were found. Under the microscope there was a preparation of the patient's blood made as follows: The tip of one of her fingers was made aseptic and punctured with a sterile needle and the drop of blood spread out evenly between two absolutely clean cover-glasses. These thin layers of blood were allowed to dry in the air upon the cover-glasses, then passed through an alcohol flame three times and dropped into absolute alcohol. After remaining in the alcohol for about an hour the cover-glasses were dried with filter-paper and a drop of concentrated solution of eosin in glycerine placed upon the prepared slides. After a few minutes the eosin solution was washed off with water and the cover-glasses mounted on a slide in oil of cloves; Canada balsam might as well have been used. We find now that the red blood corpuscles are colored reddish-yellow, or pink, that the neuclei of the white blood corpuscles are stained blue, and we find also a considerable number of large leucocytes which are filled with bright red granules looking very much like micrococci. These cells crowded full with red granules are the eosinphilous cells of Ehrlich.

Jahsch examined the blood of a large number of anæmic individuals and he found the granular red cells only occasionally. Only once, in a case of tuberculosis in a young boy who did not have leukemia, did he find them in considerable numbers. It seems safe to conclude, therefore, that when these eosinphilous corpuscles are found in considerable numbers in the blood they point quite positively to a commencing leukemia.

Dr. Moyer (resuming): With the symptoms I have mentioned, and the remarks made by Dr. Hektoen regarding the condition of the blood, I think we may safely say that we have here a case of *lukemia*, or as it is termed by most of the English writers, "*leucocythemia*." You notice also that the clinical history is peculiar in its vagueness, that there were no definite or well-defined symptoms at the outset of this trouble. She speaks of pain and weakness. These symptoms gradually crept on, the patient's weakness increased, and very early in the disease there was an enlargement noticed upon the side of the neck, which you see. This swelling does not move when she swallows, therefore the enlargement is not connected with the thyroid gland. The lymphatic glands in the groin are enlarged. There is also another symptom: comparatively slight pressure over the sternum causes pain; and we have a tumor in the left hypochondriac region which corresponds to an enlarged, indurated spleen.

Now, any one of these symptoms is sufficient to direct your attention to the condition of the blood, and all three of them together, especially with the test which Dr. Hektoen has so admirably described, are sufficient to enable you to make a diagnosis of leucocythemia.

There is, perhaps, no field in which greater advances have been made during the last few years than in the pathology of the blood. You know the older writers in medicine had very vague notions regarding the function and the possible changes in the blood. At one time schools of medicine were established and medicine taught upon the idea that the fluids of the body were exclusively diseased. These views were combated by other schools of medicine who believed in the theory that it was the solids of the body that were at fault. The warring of these two schools resulted in the development of other systems of medicine; all finally giving place to the cellular pathology, which is now generally adopted by most scientific medical men.

There are a great many different views prevalent in the profession regarding the diseases of the blood. Every issue of our daily papers contains numerous advertisements of blood purifiers. Only a few years ago the prevalent practice among the profession was to prescribe abundant blood purifiers in a vague and uncertain way, without knowing the conditions for which they were given. At the present time it is common practice to prescribe tonics. A patient presents himself with the statement that he does not feel well—depressed, weak, disinclined to exercise, and you give him tonics—iron, perhaps; it is probable that not one in ten of these prescriptions are based upon any exact symptomatology, or that the physician who prescribes the tonic could give any good reason for doing so. If you fully comprehend the physiological functions of the blood you will not be led into this error. Blood diseases that require tonics or alteratives are clear and distinct. If the blood is at fault you are able to detect it. If anything is added to it which ought not to be there, it will cause poisonous symptoms. If the blood is deficient in its cellular elements, or amount of hemaglobin, you can ascertain this and direct your remedies accurately to the relief of this condition. In this case we have purely a blood disease. There is a disproportion between the white and red corpuscles. Normally, we have one white to four hundred red corpuscles. This proportion varies greatly in patients, but when it reaches about one to twenty or thirty, then we have a distinct train of symptoms set up, such as you notice in the patient before you. We have wasting, weakness, more or less disorder of all the organs because of the blood supply being deficient in oxygen—all due to the fact that the red corpuscles are diminished. Understand that in this disease the red corpuscles are not affected, they contain the normal amount of hemaglobin and the other constituents necessary to the life of the tissues, but they are outranked by the number of white corpuscles that they are crowded out, as it were, by the enormous number of the latter, and their function is interfered with simply in that way.

This condition was first described by Professor Bennett. Most German writers, however, will state differently. They say that Virchow was the first to describe the disease. As a matter of fact, Bennett antedated the publication of Virchow's opinions on this subject about six weeks. We should, therefore, give Bennett the credit for first recognizing this pathological condition.

I am not prepared to commit myself as to the value of Ehrlich's reaction which has just been exhibited by Dr. Hektoen. The claim is made that by this test we are able to recognize this disease in its early stages, before there is enlargement of the spleen, lymphatic glands or relative increase in the number of white blood corpuscles. If this is true the test is of great value, as success in treatment, if reached at all, must be in the early stages.

Most authors speak of three forms of this disease, according to the organ that is primarily affected. When the spleen is early involved we have the splenic variety; when the glands are first enlarged, the lymphatic, and when the bones seem to be the primary seat, the myelogenous. There are others who entirely discard these divisions and who believe that the disease always begins in the bones or spleen, and that the other changes are only secondary.

In this case we have enlarged lymphatics, tenderness over the bones, and an enlarged spleen. The enlargement of the lymphatic glands is said to have been the first disturbance in this case. I do not believe in the primary origin of this disease in the lymphatic glands, for we have diseases in which these glands are enlarged—Hodgkin's disease, for example, but as far as I am aware no one has reported any increase in the number of the white blood corpuscles in the latter disease.

Success in treatment depends on the early recognition of the disease. Arsenic has greater power in this and allied conditions than any other drug. It seems to directly affect the cellular elements of the blood. It may appropriately be combined with cod liver oil and tonics. Sometimes good results are obtained from the use of large doses of quinine in the splenic variety of the disease. There is not much to look for from treatment in a case such as this. The disease has advanced too far to permit us to hope that we may restore the altered conditions found in the blood.

One very interesting point is the possible relation of the disturbance in the red marrow of bones to the blood formation. You doubtless know it is an accepted doctrine of hematologists that a large proportion of the red blood corpuscles are formed in the red marrow. The red marrow is usually affected in these cases, but whether secondarily or primarily is still a disputed point. I think the weight of evidence is in favor of its primary affection; that is the leucocytes are not simply collected mechanically in the red marrow, but there is an actual overproduction, a disturbance in the normal process of blood formation, which possibly is the primary seat of the disease.

Concussion of the Spine.

This patient was admitted into the Hospital on September 30. Three weeks before he had fallen from a height of some sixteen feet and struck upon the left side of the chest. Two days after admission he noticed numbness in his hands, weakness in raising the arm, and shortly after this difficulty in walking.

Physical examination reveals loss of patellar-tendon reflex; some loss of pain sensation in the hands as well as in the feet, less marked in the latter. The patient drags the feet in walking. He feels pain in both the upper and lower extremities. He complains of pains in spots over the thighs and forearms, pain resembling the pricking of needles. Constipation is a marked symptom, and is obstinate. The pupils react readily to light.

I wish to call your attention, especially in this history, to the mixed character of the symptoms—pain in certain spots, a prickling sensation, an impairment of sensation to pain, great prostration and other symptoms which go to make up a clinical picture which differs largely from those of any systematic disease of the nervous system. These symptoms, we are told, came on a short time after a fall from a height of sixteen feet. There was no injury to the back or fracture of the bones of the spinal column. The injury was followed by partial recovery, and these symptoms came on secondarily.

This symptom-complex has received the name of spinal concussion; a very erroneous term, by the way, and one that has furnished a theme for much discussion. It occupies the attention of our courts to a considerable extent and furnishes a considerable proportion of suits for personal injuries brought against railroad companies. A collision has occurred; a man has been violently thrown from one portion of a car to another, and when he gets up he apparently recovers from the immediate effects of the injury. He goes to his business, but after a few weeks have elapsed he begins to suffer from pains, from a disturbance of sensation, accompanied with great weakness, loss of muscular power, tenderness especially over the region of the spine—in short, such a clinical picture as we have presented in the case of this patient.

Erichsen in his book on "Concussion of the Spine," puts this down as being due to shock to that organ.

Page takes exception to Erichsen's statements, and has published many cases antagonizing the views of the latter, stating that concussion of the spine is a disease which cannot possibly take place in that way; that the spine is protected from injury by thick, bony, and ligamentous walls, and is contained in a cavity surrounded by fluid and padded with fat and soft tissues, so that this pure type of concussion of the spine cannot possibly take place. Here medical men have stood for some years vibrating between these two opinions.

When one of these cases comes to trial, the parties interested have experts who testify to geometrically opposite views. One expert says the symptoms are probably due to hysteria, or something else, while the plaintiff has an equally skillful and reputable physician who will contend that it is spinal concussion due to the injury.

Here we have a case which probably does not involve any pecuniary element. We have a man who is suffering from the symptoms mentioned, and so far as we are able to ascertain, he has no reason for feigning any of them. Page contends that these symptoms are largely feigned, but I do not think that can be true in this case. You see, that with the single exception of the loss of patellar-tendon reflex, we must rely entirely upon the statement of the patient for the other symptoms; the paræsthesias, loss of pain sense and other material factors, are purely subjective phenomena, in which we may be deceived. It is this feature of these cases, that renders their diagnosis so difficult; unlike most medical cases, the patient has a direct pecuniary interest in appearing worse than he really is.

Upon the single examination made to-day we are hardly justified in assuming that we have a pure type of spinal concussion. But from the appearance of the man, the indistinct clinical picture, and the absence of other lesions we feel safe in making a provisional diagnosis of spinal concussion.

I brought him to the ampitheatre to show the vague character of the symptoms and to impress upon you the necessity of exercising great care in diagnosticating these cases—for a blunder is easily made.

These cases are essentially chronic in their nature. The duration of the disease is marked by months and years rather than days or weeks. In the majority of the milder cases the tendency is toward recovery. In the severer forms the disease progresses steadily, the functional disturbances of the early stages give way to organic lesions, and death takes place from secondary degeneration of the cord and brain.

So far as drugs are concerned but little can be done for these patients. Rest is one of the most important factors; they should be kept in bed, and while there the nutrition should be provided for by massage and the local and general use of electricity.

Peripheral Neuritis.

We obtain the following history with regard to this patient: On the 11th of August, after sleeping in the open air all night the patient experienced pain and tenderness in the right leg with some impairment of motion, which lasted about ten days, and gradually disappeared. Four years ago he had typhoid fever, otherwise has always been healthy. There is some tenderness on pressure along the sciatic nerve; also pain in the hip joint on adduction and rotation of the thigh. Patellar-tendon reflex diminished; somewhat difficult for patient to control left foot, and when he stoops forward he falls down. No spinal tenderness discoverable; flattening in the right gluteal region.

We will ascertain the condition of the reflexes. I find a distinct reflex on the right side, but it is not so prompt as on the left. There is not apparent enlargement of the limb nor is there any change in the appearance of the skin; or thickening of the tissues.

The patient complains of pain in the right leg, which came on suddenly with impairment of motion, without swelling, incoördination, or absolute loss of reflexes. What does this mean? Have we spinal disease? If we have a thickening of the nerve trunk, would that be likely to cause a loss of the conducting power of the fibres, causing a certain degree of paresis? We would not have pain or swelling in the limb; we would not have necessarily a loss of the reflexes, but simply impairment of them. We would have, perhaps, a slight degree of pain, but not always, as this varies greatly. In some patients the pain is excruciating; in others it is slight. This may be termed then a peripheral neuritis. But there is one thing to be borne in mind in a peripheral neuritis of the lower extremity—namely, that the disease is very apt to extend upwards and involve the posterior spinal roots, and from there extend to the posterior and lateral columns of the cord, and produce secondary degeneration, particularly of the posterior column. Cases of neuritis in the lower extremities are very apt to terminate in a topical form of ataxia. Perhaps this is a premonitory symptom in many of these patients. I venture to state that the great bulk of ataxic patients who are alleged to be cured by any form of treatment belong to the class of peripheral neuritis. The diagnosis between locomotor ataxia and this condition is very difficult, not to say impossible sometimes. Therefore, I think we are justified in assuming, for the present, at least, that this patient has a peripheral neuritis of the sciatic nerve, and the probabilities are that it will extend upwards and eventually involve the cord.

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—The deepest bore-hole in the world, claimed at different times for a number of places, is, according to latest accounts, at Schladebach, a small German village near Leipzig. It measures 1,748.4 metres, or about 5,735 feet. The time expended in boring to this depth amounted to six years, at a cost of $52,500. A peculiar experience encountered in connection with this and other deep holes in different parts of Germany is, according to *Uhland's Wochenschrift*, that the observed temperatures, while steadily increasing with the depths, show a smaller ratio of increase in the lower strata.

COMMUNICATIONS.

LOCAL TREATMENT OF THE ACCESSORY NASAL CAVITIES.[1]

BY JOHN NORTH, A. M., M. D., PH. C., F. S. SC. (LOND.),

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In our treatment of nasal diseases we come across a large number of symptoms of brain and mental origin. We find these symptoms very persistent. After using constitutional treatment, resorting to surgical interference, making local applications by sponging, and by other methods, we are still unable to relieve these symptoms, and the patient passes out of our hands and usually ends his career in an Insane Hospital.

Let us briefly examine the accessory nasal cavities. These are all lined with mucous membrane similar in structure to the nasal mucous membrane; they all open into the nasal fossæ, either directly or through induct methods. In the inferior meatus we have lachrymal canal. Inflammation extending up this canal gives rise to ocular troubles and to obscure pains in the face. In the middle meatus we have the openings of the antrum of Highmore and of the anterior ethmoidal cells. All are aware of the troubles we have with the antrum of Highmore. Into the superior meatus, we have opening the sphenoidal sinus and the posterior ethmoidal cells. When we have an inflammation of the sphenoidal sinus or the ethmoidal cells, we may have a great variety of obscure symptoms, such as an indescribable pain in the head with an inability to locate it; loss of memory, especially in regard to things occurring during the every-day life of the patient, etc. Schwable, Axel, Key, and Retzius have demonstrated the fact that, not only can the lymphatics of the nasal mucous membrane be injected from the subdural and sub-arachnoidal spaces, but if force be used the fluid will pass through the lymphatic canals to the surface of the nasal mucous membrane.

Professor Guye, of Amsterdam, has given the name of *aprosexia* to a condition that he finds associated with certain lesions of the nasal mucous membrane and obstruction to the passage of air through the nasal fossæ. In this condition there is mental disturbance characterized by an impossibility of fixing the attention on any subject, except for a very brief period, or of prolonged mental effort. He gives as an explanation that the lymphatic spaces beneath the dura mater have been found to be in direct communication with the mucous membrane of the nasal fossæ, and inflammation of the latter is supposed to interfere with the elimination of the waste products resulting from cerebral activity, thus leading to mental sluggishness.

These anatomical, physiological and pathological conditions will give an explanation to these obscure symptoms found in so many cases. Inflammation extending from the nasal fossæ up these mucous canals produce an inflammation of the lining membrane of these accessory cavities, or the inflammatory condition may begin in these cavities and extend to the nasal fossæ. With this inflammation we have the same local condition that we have in an inflammation of the nasal mucous membrane, namely, an increase of mucus, diminution of aqueous vapor, tumefaction, etc. These cases frequently require constitutional treatment. I find one of the best remedies I have used to correct the deranged nutrition of mucous membrane, to be the phosphate of sodium. At my request William R. Warner & Co., of Philadelphia, prepared an effervescing phosphate of sodium, containing thirty grains to the heaping teaspoonful. One heaping teaspoonful of this taken in half a glass of water before meals, has a good effect in unloading the arterioles of mucous membrane, and correcting the secretion or excretion.

If, after anterior and posterior rhinoscopy there is found any occasion for surgical removal of hypertrophied tissue, it should be removed. The spray should be used to wash away the mucus as far as possible. Watery solutions should seldom be used in the nasal cavities. As a wash, equal portions of milk and water, made alkaline by the addition of bicarbonate of sodium, can be used after being well warmed. This will be found an excellent mixture to thin and wash away the tenacious mucus. If there is much tumefaction of the membrane a two per cent. solution of resorcin in water can be sprayed into the upper portion of the nasal cavities. This causes contraction of the membrane and an emptying of the blood vessels. Resorcin will not dissolve in vaseline, and I have found a watery solution the best for this purpose. A few minutes after the resorcin has been used, an iodized hydro-carbon should be sprayed into the nasal cavities and the spray made to reach the accessory cavities. The iodine has the effect of thinning the secretion and causing the absorption of the hypertrophic tissue; and in reaching the accessory cavities it greatly modifies the inflammation of the mucous membrane of the cavities.

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[1] Read at the Seventh Annual Meeting of the American Rhinological Association, Chicago, Oct. 11, 1889.

The entire nasal cavity should be thoroughly sprayed with the iodine preparation of vaseline before an attempt is made to medicate the accessory cavities. With the De Vilbiss spray an application can be made to every portion of the nasal mucous membrane. All these preparations should be used as warm as the patient can conveniently bear them. By our ordinary method of using the spray producer in the nasal cavities, we only come in contact with the mucous membrane covering the nasal fossæ proper. I have been able to spray the vapor into these accessory cavities. I take a De Vilbiss or Rumbold spray-producer and slip a soft rubber nasal piece over the end of it. Then I have the patient empty the lungs, while I introduce the spray-producer with the nasal plug into the nostril so that it fits snugly. I then compress the other nostril, and have the patient attempt to fill the lungs by a combined forcible abdominal, intercostal and clavicular inspiration. By this method the air is drawn from the nasal and accessory cavities, and a partial vacuum is thus produced. While in this condition I throw the spray into the nasal cavity, and it is forced into the accessory cavities. Any one can try this upon himself and prove the correctness of it. I also apply the iodine spray to the Eustachian tube by means of the spray-producer and nasal plug, having first washed out the naso-pharynx with the alkaline milk and water wash, and then draw the mucus out of the Eustachian tube by emptying the lungs, holding the nose, and making the effort above described, to fill the lungs. This will suck out the secretion from the Eustachian tubes. After a few minutes the spray tube and nasal plug are introduced in one nostril, the other being compressed. Then the spray is turned on and the patient asked to swallow. This opens the orifice of the Eustachian tubes and the vapor is forced in the tube. I have used this method in a number of cases without any bad results in any case.

I wish to mention the effect of iodine upon vaseline and other petroleum bases. Iodine will dissolve in vaseline, but the solution is not a mechanical solution, but a chemical one. The petroleum fats are hydro-carbons of the marsh-gas series, with the general formula of $CnH2n+2$. Iodine coming in contact with these, displaces an atom of hydrogen from the group, and the iodine takes its place and forms an iodide of the alcoholic radical. The displaced hydrogen combining with another atom of iodine forms a molecule of hydriodic acid (HI). After this compound has been made for a few hours, it will not respond to the starch test for free iodine. Yet, in spite of this chemical change, this compound is useful in hypertrophic conditions of the nose and throat. Iodine will dissolve in the oil known as *albolene* without undergoing decomposition, and will respond to the starch test for free iodine. This is preferable to the vaseline compound where free iodine is required. The proportion of iodine in either vaseline or albolene is one or two parts of iodine to the thousand of vaseline or albolene.

DIPHTHERIA.

BY J. D. OSBORNE, M. D.,

NEWARK, N. J.

Diphtheria is a specific, contagious infectious disease, characterized principally by epithelial changes in and exudation upon, and into, mucous membrane, on the surface of wounds, etc. Then we have pseudo-diphtheria (tonsillitis), follicular stomatitis, pharyngitis, etc. We do not believe they are all the same, and yet they are so allied and their symptoms so intermixed and entangled, that it is our duty to look for a possible danger in each. I find it hard to believe that a case, beginning as a slight cold in the morning, growing worse through the night, and destroying life within two, three, or four days with the horrors of asphyxia—and another instance where a family of children, living in a room containing a sink connected with a closed cesspool, from which foul gases were bubbling back continually, have frequent attacks of fever with a scattered deposit in the tonsils, and who recovered in a few days under quinine treatment—are cases of the same disease we are now considering; yet in view of the cases reported and the hundreds of others that will present themselves to your minds, where the mild tonsillitis seems to communicate the grave diphtheria, or where one child dying of membranous croup leaves behind it an infection, that destroys the life of another with the most malignant form of diphtheria, we have only one thing to do, and this is to look upon all such cases with suspicion, report them to the board of health, and by means of isolation and disinfectants, do all we can to confine its limits.

I shall add some conclusions in regard to the cause and treatment. It seems to me that all advanced scientific investigation points to the bacterial origin of the disease and that all our efforts should be directed to the destruction of these organisms and to the limiting of their development. After all that has been said and written, I think I may come to the conclusion that the disease is caused and propagated by these living germs. In 1880, Jacobi writes, "at present it seems altogether improbable that bacteria have any direct function in diphtheria;" yet in 1888 he writes to the *British Medical Journal* on the subject of treatment by mercury, and says: "My conviction of the utter uselessness of internal medication in laryngeal diphtheria—or so-called pseudomembranous croup—is thoroughly shaken. Never have I seen so many cases of tracheotomy get well as since in 1887, when I began to use it." Again he says, "Perhaps the most useful of all remedies in laryngeal diphtheria is mercury. I prefer the bichloride. Until I began to use it six years ago, I felt certain of a mortality of 90 per cent. in all cases I operated upon. I have within the past thirty years seen at least 1,000 cases, and during the past six years have seen no less than 300 cases, the patients being from four months old upwards. The treatment consisted in the internal use of bichloride every hour—the smallest daily dose given by me in the beginning was ¼ grain to ½ grain in children from 4 to 5 years of age, given in dilution of one in ten thousand. Tracheotomy can often by avoided if the mercury be given in time."

Going back a little on the subject of treatment we find the profession still looking for something they can trust. Remedies are almost as numerous as are the investigators, but one thing is agreed upon by all: sustain the system, and if possible enable it to throw off the poison. If called early, before constitutional effects have shown themselves, as in a fair proportion of times is the case, attack the disease locally with agents known to have the power of destroying the bacillus. The agents most in use for this purpose are, sulphurous acid, or what perhaps is as useful, a strong solution of sulphite of soda, fumes of sulphur in the room, peroxide of hydrogen, turpentine, eucalyptus, lactic acid, permanganate of potash, persulphide of iron, bichloride of mercury, and later on, for local application, by brush, spray or steam, eucalyptus, lactic acid, dilute sulphurous acid, trypsin, and vapor of lime. At no time, if there are nasal complications, are they to be neglected; and very frequent cleansing of the nares by injections of antiseptic solutions is indispensable, while, throughout the disease, stimulants, milk, beef juice, and tincture of iron and quinine are to be continually given. I desire to call attention to two or three agents in closing, and these bear particularly on the question of antisepsis both locally and internally. Bichloride of mercury has been already alluded to. Another agent frequently reported favorably upon of late, is the decoction of the leaves, or the oil, of eucalyptus. Several observers have claimed to have seen marvelous results produced by inhaling the vapor from the leaves in hot water as well as by its internal administration, and claim for it great germicidal power. It certainly deserves further clinical investigation.

Another agent reported most favorably on of late is the peroxide of hydrogen—for topical use, as a spray to the mouth, throat, and nares. It is pronounced capable of destroying the bacteria and preventing absorption and secondary effects; destroying the contagion and limiting the extension of the disease. While this agent may be of use where it can be obtained readily, its use must be limited on account of the difficulty in procuring it. I have found the use of the uniform official strength, which is recommended (15 volumes) and which seems necessary to the destruction of the bacteria, impossible because it can only be found at wholesale drug shops in 5-pound bottles, which on being opened immediately lose their strength. To be effective also a stronger force of spray is necessary than the ordinary atomizer gives.

The last agent to which I shall allude is sulphur.

Among the few remedies that seem to have secured a permanent place in the treatment of diphtheria is sulphur, although Professor Jacobi as late as 1880 dismisses it with scarcely a notice. It seems to me that it demands a further and most careful trial, and promises as much, if not more, in return for our efforts than any other agent in our possession. Its remarkable antiseptic properties were known to the most ancient writers, and it is the only agent that has stood the test of ages. Our Boards of Health know they can depend upon it, as upon no other agent, to disinfect house and ship and clothing and person. Where the small forms of animal or vegetable life are found the fumes of burning sulphur are known to be destructive. Taken into the stomach it is eliminated by the bowels, the lungs, the skin, and the kidneys in the form of hydrogen sulphide—it stains the linen next the skin and darkens metallic substances carried in the clothing. Its destruction of the mildew—on the vines of the grape—seems to have first called attention to it as a possible remedy in diphtheria. Since that time it has had its up and downs, its advocates and opponents. Marvelous cures have been attributed to its use, and local benefits have been ascribed to it by those who denied its internal value. I have been on several occasions struck by the apparent benefit derived from its use in pneumonia, all its grave symptoms disappearing quickly after its purgative action had taken place. In a case of syphilitic abscess, where a young man also had chronic naso-pharyngeal catarrh, its use as sulphide of calcium, for the cure of the abscess, resulted in permanent cure of the catarrh, as well as the abscess. If there is any agent that will act as a prophylactic to scarlet fever, I think it is the continued internal use of the sulphite of soda, and I am sure it has proven efficacious when belladonna has failed entirely. The sulphite or bi-sulphite in solution also proved itself a most useful agent in erysipelas. Perhaps its best form for local use is sulphurous acid. This acid is a disinfectant and deodorizer, it attacks organic matter with energy, owing to its affinity for oxygen. It is very destructive to the lower forms of life, viz.: bacteria, fungi, etc. It should be slightly diluted in the form of spray or applied with brush. Powdered sulphur is also of very great power; clinging to the throat and nose, the heat of the body causes it to give off fumes which continue the local effect. Sulphite of soda or the bi-sulphite, ʒss to ʒi to the ounce of water, may also be used with the atomizer or brush. Internally it may be given as sulphide of calcium, sulphite of soda or perhaps better, by small doses of the sulphur itself, which is converted in the intestines and circulation into the hydrogen sulphide (sulphuretted hydrogen). Sulphur will destroy every species of fungus on plant or animal, beast or man. It is eliminated entirely in about five days. Great tolerance is manifested in the remedy, and while the diseased condition exists neither diarrhœa nor colicky pains are produced by moderate doses, and when these symptoms supervene it shows it is time to decrease or discontinue its use. A good way to give it is with glycerin and water. It may also be given by inunction, better still in syrup or honey, or by packing the limbs in the powder. In conclusion let me add that science seems to be looking in the direction of this agent for the destruction of other forms of bacteria, as witness the recent efforts to destroy the bacillus tuberculosis by gaseous enemata of hydrogen sulphide (sulphuretted hydrogen), or more recently the placing the patient in a closed room and making him inhale the fumes of burning sulphur. When sulphur is taken into the stomach, either as a powder or in its other forms, the warmth of the body causes it to give off these same fumes, and I see no reason why a complicated apparatus should be used when the stomach can be made its own laboratory for generating this gas. It is readily absorbed and penetrates the solids and liquids of the body.

I wish to add that, in the *Medical Record*, December 19, 1888, Dr. Hubbard, of New York, recommends for the local treatment of diphtheria Vleminckx's solution of the sulphuret of calcium—an old and cheap remedy for scabies.

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—To expel mosquitoes, take of gum camphor a piece about one-third the size of a hen's egg, and evaporate it by placing it in a tin vessel and holding it over a lamp, taking care that it does not ignite. The smoke will soon fill the room and expel the mosquitoes, and they will not return, even though the windows should be left open all night.—*Scientific American*.

LARGE DOSES OF IODIDE OF POTASSIUM.

BY AUGUSTUS A. ESHNER, M. D.,

RESIDENT PHYSICIAN AT THE PHILADELPHIA HOSPITAL.

As an item of maximum therapeutics and individual tolerance, it may be of interest to report the case of a patient in Dr. Dercum's wards in the Philadelphia Hospital. The man presents a group of symptoms which might be vaguely designated as those of spinal syphilis; symptoms of spinal and bulbar involvement in some degenerative process—vascular, neurogliar or columnar—conforming to no type of systemic disease of the cord. He has ataxia; his knee-jerk is preserved, though deficient; he has an awkward, impeded speech; his pupils are equal, regular, and respond to light, while the accommodation is unimpaired. His sensation is normal, and he has no derangement of the sphincters, and no discoverable loss of muscular power.

Beginning with ten grains of iodide of potassium, the dose was gradually increased until the patient took one hundred and seventy grains three times daily. By an inadvertence he was once given four hundred and forty grains at a dose, which he failed to retain, vomiting at once and complaining of a dull heavy pain in the epigastrium, which persisted in some degree for two days. The patient now takes one hundred and seventy grains of the iodide three times a day. There have never been present more than the mildest manifestations of iodism, a few acne papules, slight rhinitis, laryngitis, and bronchitis. The patient expresses himself as being subjectively better, but there is no decided improvement in the symptoms.

Examining the urine, to determine whether the iodide was perhaps causing renal irritation, it was observed that, in overlaying concentrated nitric acid with the urine, a rusty brown zone resulted at the line of contact gradually diffusing itself upward through the urine and after which fine particles dropped to the bottom of the tube. Now, again overlaying the urine with solution of starch the characteristic purple reaction of the so-called iodide of starch at once appeared. Other tests for iodide were applied: acetate of lead, bichloride of mercury, and nitrate of silver, to all of which ready responses were obtained.

There are, in the wards, other patients taking large doses of iodide of potassium: one, a hundred and thirty grains; one, a hundred and twenty; two, a hundred and ten; one, a hundred; one, ninety; one, fifty; and one, forty—all three times a day, and for periods of varying duration. In all of these cases the urine was examined and responded to the tests already mentioned. The specific gravity varied between 1.017 and 1.035, the higher number preponderating. All the specimens were of acid reaction. Two contained albumin in small quantities, but these contained pus corpuscles but no tube casts. None contained sugar.

In testing for albumin, the method by heat and acidulation was used, and the result was confirmed by the contact method with picric acid. The rusty brown zone from contact of the urine with nitric acid necessarily obscured the presence of small quantities of albumin; and large quantities as well would escape detection if the iodides were present in large amounts and the brown zone of contact dense. It is highly probable this latter is due to the iodine set free by the action of the nitric acid on the iodide and the combination of the iodine with water to form hydriodic acid.

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REPORTS OF CLINICS.

PHILADELPHIA HOSPITAL.

CLINIC ON THE DISEASES OF WOMEN AND CHILDREN—DR. HIRST.

Death from Colic.

Dr. Hirst first mentioned the results of an autopsy upon a child that had recently died in the hospital. These results were completely negative, except for the enormous distension of stomach and bowels. During life this infant had shown signs of colic, and the usual remedies, such as the exhibition of hot brandy and water, carminatives, the use of the catheter in the rectum, and the application of the Faradic current to the abdominal walls, had been tried, but without success. Dr. Hirst believed that death had been brought about by shock caused by the colic, and recommended, as a last resort in such cases, the puncture of the intestine with a hypodermic needle. He said that this measure was sometimes resorted to in the rare instances of exaggerated flatulence following labor cases and that its use was often necessary in animals, especially in sheep.

Infantile Catarrhal Nephritis.

The prevailing symptom in this case was that of somnolence, until late in the disease when convulsions occurred shortly before death. The true condition was not diagnosticated, therefore usual remedies in such cases were not employed. It was thought for a time that the lungs were congested. Seat worms were discovered and dislodged in large quantities by quassia injections. The true disease finally proved fatal, and it was only the autopsy that revealed congestion and inflammation of both kidneys. Dr. Hirst said that this disease was rare in infants. The difficulty of making a diagnosis in such cases is obvious: the importance of being on one's guard against overlooking renal disease in young children is as plain. It is a wise maxim in treating very young children that the lungs and kidneys should always be examined in cases of obscure disease. An element of obscurity in these cases is that the urine of new-born infants—and even of infants in utero—is usually albuminous, so that in making the diagnoses of nephritis, the albumin should be found in large quantities and the presence of renal desquamation demonstrated by means of the microscope.

The treatment recommended in such instances was that of active depletion by means of local bleeding, purging, and diaphoresis.

True Infantile Jaundice.

Dr. Hirst said that in new-born infants it was common to see cases of hæmatogenic jaundice that passed away in a few days without causing serious symptoms; but that there was such a thing as true hepatic jaundice in infants, and that when this occurred it should excite the physician's anxiety. Some of the causes of this latter disease are: defective circulation, resulting in an engorged liver; occlusion of the common bile-duct; sepsis, Buhl's and Winckel's disease. In this case there is no evidence of serious systemic disease, and, judging from the congestion of the extremities, the possibility of some congenital defect in the circulation should be entertained. The child was to be put in the incubator; a heart stimulant to be given in small doses and calomel was being administered.

Congenital Syphilis in Infants.

The next case shown was of especial interest on account of its serious nature, comparative frequency, and the importance of making a correct diagnosis. The infant was healthy at birth, but in a week it had the snuffles. Soon afterwards it exhibited on head, trunk, and extremities copper-colored spots, especially about the face and genitalia. It was remarkable that there are three grades or degrees of congenital syphilis. In the first the child is born dead. In the second class it is born in a miserable condition of deformity and disease, and is soon carried off by fibroid pneumonia, lack of vitality, or some disease of an important viscus. In the third class the child is born apparently healthy, and the disease first appears some days or weeks after birth, as in this case. That it is often well in such cases not to question either parent too closely, but to make the diagnosis by the child's appearance, and to proceed at once with the following line of treatment.

After carefully seeing to its hygienic management, the infant is to have twice a day one-sixteenth to one-twelfth of a grain of calomel in a little soda; or, if the child cannot from any reason take calomel internally, mercurial ointment is to be rubbed on the child's binder, which is then applied. In a few weeks the spots will disappear and the child seem well for a while. In order to completely eradicate the disease from the system, mercury and the iodide of potassium are to be skillfully administered with occasional breaks in the treatment for two or three years. The liver is subject to congestion in these cases, and such an infant should never be nursed by any woman but its own mother, lest the disease be communicated to her.

Large Mammæ in an Infant.

It was remarked that infants of both sexes usually had milk in their breasts precisely like woman's milk from the fourth to the tenth day after birth, but that sometimes the physiological hypertrophy and activity of the mammæ were much exaggerated, even to inflammation, and the inflamed gland tissue became purulent and exhibited a true abscess, that was to be opened as soon as discovered. That before the development of pus, lead water and laudanum were to be used with compresses, and the use of the poultice delayed until the formation of pus became imminent.

Abscess of the Ovary.

The next case was that of a woman who had borne several children. Since the birth of the last one—which occurred several years since—she had had menorrhagia and metrorrhagia, and also nearly constant pain in the left iliac region, which pain was greatly aggravated by motion. Dr. Hirst said that the principle cause of these pains was a previous inflammation in the pelvis, leaving pockets of pus or cicatricial bands holding the various viscera—especially the ovaries—in abnormal positions, thus causing them to be pressed or drawn. Examination here revealed a sensitive fluctuating tumor behind the uterus, which was probably an abscess in tube or ovary that in all likelihood had its origin in an attack of gonorrhœa, a clear history of which could be obtained. The infection occurred just previous to the birth of the last child. If she were rich, the palliative treatment would be advised, and likewise if she were very old. As she was young and otherwise healthy, a laparotomy was earnestly recommended, and would, with the patient's consent, probably be performed by Dr. Hirst in two weeks.

Infantile Catarrhal Pneumonia.

Dr. Hirst made an autopsy examination on the body of an infant four months old, that he said had been ill ten days before its true condition was discovered. The catarrhal pneumonia was found in the right lung and râles on both sides. He warned his hearers that, though high temperature was present in this case, he had seen other instances of this disease in which this symptom did not occur. Only the base of the right lung was affected and that mostly on the posterior part. The left lung, though anæmic, was otherwise normal.

The intestines were examined and slight remains of entero-colitis were seen. Dr. Hirst here remarked that the almost absolute prevention of this disease had been secured in the hospital by the introduction last year of sterilized milk and that since then the mortality among the foundlings had been greatly reduced. The liver in this child was normal in size and appearance and, therefore, he believed the infant was without venereal taint. While examining the heart, he mentioned that the foramen ovale is often found open some time after birth, and that he had seen many cases in which the ductus arteriosus remained patulous for months and even until the end of the first year.

Double Hæmatoma.

This was in a child one month old; the tumors were situated in the posterior and superior parts of both parietal bones. The hæmatomata were congenital, a rare anomaly. Dr. Hirst mentioned as a difference usually existing between caput succedaneum and this affection was that the former always appeared at birth, whereas that of hæmatoma commonly developed some days later. It was recommended in this case to avoid operative measures, as the sac was getting smaller and would probably disappear.

Fibroid Tumor of the Uterus.

This patient was a colored woman who twelve years ago had had her only child. This tumor had existed a long time, but excepting the loss of much blood at her periods of menstruation, its presence had not given much trouble until five months since, when she complained of having difficulty in locomotion and much pain in the hypogastric region. The tumor, in this case, reached nearly to the umbilicus. As the woman was poor, only 35 years old, suffering, and lately had been losing so much blood, Dr. Hirst recommended oöphorectomy, in order to stop menstruation and thus bring about a sub-involution of the whole uterus and thereby diminish the size of the tumor, or at least prevent its further growth. The ordinary medicinal treatment had been tried without success.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

VANDERBILT CLINIC.

MEDICAL CLINIC—PROF. DELAFIELD.

Irritable Colon.

The first case shown the class was a man, 34 years of age, a gasfitter by occupation. He complained that for several years he had had large loose watery stools coming on particularly in the morning and before 11 o'clock, and frequently following the ingestion of food. These attacks would come at intervals and recently have occurred with greater frequency. He complained of no other symptoms. On examination the patient was found to be poorly nourished, skin of bad color. There was no evidence of distension of either the colon or stomach. There was no enlargement either of the liver or spleen. The heart showed no evidence of disease, and the pulse was good. Examination of the mouth showed considerable accumulation of tartar on the teeth and a line on the gums, but not sufficiently well marked to indicate lead poisoning.

The secretion of urine was increased in quantity; sp. gr. 1.028; contained no albumin. Dr. Delafield considered this patient a sufferer from what has been called "Irritable Colon," associated, undoubtedly, with chronic catarrhal colitis, of a low form. Such cases, he said, were not of unfrequent occurrence, and were, oftentimes, difficult to cure.

The treatment must be continued for several months and the diet carefully regulated. In many of these cases it is found, as in this man, that the act of taking food into the stomach is at once followed by a reflex action in the colon. Dr. Delafield then detailed four methods of treatment: First, the simple washing out of the stomach every day. Many would improve very speedily and very markedly under this procedure whereas others would not be benefited by it at all. Second, an exclusive diet of beef and hot water. Giving a sandwich of scraped beef made with thin slices of bread or toast at 8 A. M., again at 12 M., 4 P. M., and 8 P. M., preceded an hour by a full tumbler of hot water. Third, the combined use of ipecac and belladonna; the dose of both should be increased to the point of tolerance. With this treatment the diet should be restricted. Fourth, give the following shortly before each meal:

℞ Sodii sulpho-carbolat. . . . . . gr. xx
Glycerinæ . . . . fʒi
Infus. quassiæ . . . . q. s. ad f℥ss
M.

And also restricted diet, such as beef or mutton and a few vegetables. For this patient he recommended the beef and hot-water treatment (and no drug) as being the easiest method to carry out successfully.

Chronic Alcoholism.

A man, 57 years old, a brewer by occupation, for two years had been troubled with vomiting of mucus, pain after eating and tenderness over epigastrium. He had been steadily losing strength and flesh—having lost 50 lbs. in weight. The patient called himself a moderate beer drinker. There had been no vomiting of blood and no jaundice. His urine had not been tested. Examination showed that the skin was of a bad color and flabby. The pulse very feeble and small and was felt with difficulty. The radial artery somewhat tortuous. The heart's impulse feeble and diffuse; the heart itself enlarged but no murmur audible. Resonance over the lungs emphysematous, and expiration prolonged. The liver was considerably enlarged both in upward and downward direction, and smooth to the touch. No enlargement of the spleen could be detected. Dr. Delafield, in summing up the physical signs found in this patient, remarked that here were several diseases but all due to one cause. The man had used beer to excess and was suffering from chronic alcoholism.

He had no lesion of the brain. The lungs showed emphysema, due to the feeble heart, rather than to any bronchial lesion. The heart was dilated and probably fatty. The liver also was enlarged and probably fatty. There was chronic gastritis. An examination of the urine would undoubtedly show chronic nephritis. Chronic alcoholism includes all these conditions and fully describes what the man suffers from. Treatment could offer very little for a patient in this condition, and at his age; in fact he would probably grow worse rather than better. The best plan would be to cut off his supply of beer and to limit him to one solid meal a day of beef or mutton and baked potatoes. As for drugs he should confine himself to a treatment directed to the heart symptoms alone, considering those the most important, using for that purpose the following combination, which experience has shown to be best adapted to such cases:

℞ Ext. Digitalis fl. . . . . ♏x
" Convallariæ fl. . . . . ♏xx

Potass. Iodidi . . . . gr. v
M. et sig. Three to four times a day.

Endocarditis.

The third case shown was a boy, 15 years of age, who said he had been well as far as he knew until two months previously, when he was taken during the night with severe pain in his "stomach." The attack lasted about half an hour, and he had had several similar attacks since. During the first month of his illness he vomited his food soon after eating. He had had some cough, had expectorated a little blood, and on exertion was short of breath and had palpitation of the heart. The patient had lost a good deal of flesh. Examination of the urine showed a specific gravity of 1.010, and 2 per cent. of albumin. Further examination of the patient showed him to be much emaciated, with a bad color of the skin and paleness of the mucous membrane. Dr. Delafield called attention to his general appearance, which was plainly that of one suffering from a severe illness. His pulse was found to be fairly good, but inspection showed very clearly an exaggerated impulse over the precordial region and the heart was found to be enlarged. Presystolic and systolic murmurs were heard at the apex, indicating mitral insufficiency and stenosis. A few râles could be heard over the lower portion of the left chest. It was stated that the patient undoubtedly had chronic degeneration of the kidney also, but the real cause of his trouble was the heart lesion. He was suffering from an active endocarditis which was rapidly advancing. The patient was in no condition to be out and should be put to bed at once. Treatment for the present should be limited to rest, and a careful regulation of diet. Probably milk would be best to begin with, adding other things later on, if thought advisable.

SURGICAL CLINIC—PROF. BULL.

Lacerated Wound of Lip.

At the Vanderbilt Clinic, October 30, Dr. Bull showed to the class a number of simple cases. According to his custom he asked two students to examine each case, to detail the history to the class and to give their diagnosis and treatment. The first patient presented was a man, 46 years old, a laborer, who three weeks ago, when lifting a heavy can of ashes, slipped and fell. The can struck him in the mouth and inflicted a double wound of the upper lip, leaving a triangular piece of the lip attached by a portion only a quarter of an inch wide at the upper angle of the cut. He, at once, applied at a dispensary for treatment, and superficial sutures were introduced. In a few days these had pulled out and others were inserted. Again the wound failed to unite, and the triangle of the lip was cut off. The man now showed an inverted V-shaped solution of continuity of the lip, resembling very much a congenital hare-lip. Examination of the edges showed a partial scabbing, some infiltration, a little discharge, no bleeding, and no evidences of active inflammation. There were no constitutional symptoms.

Dr. Bull referred to the possibility of epithelioma invading such a wound in a person of the patient's age. In regard to treatment he said that the important fact to bear in mind was to endeavor to preserve as much of the lip as possible; and he would recommend scraping the sides of the wound and with the scissors cutting the edges of the integument, especially where it was turned in; and then holding the festered surfaces together by means of sutures carefully and deeply placed so as to afford support to the lip and to prevent the tendency of the orbicularis oris to draw apart the surfaces.

This would probably prove effective in removing the deformity. If not, the sides would then have to be thoroughly freshened with a scalpel or scissors and the same careful suturing used.

Acute Mastitis.

The next patient was a married woman, the mother of four children, who was at present nursing a child eleven months old. Four days ago she "caught cold," and her right breast became swollen and painful. Examination showed the breast to be much larger and heavier than the other. About the nipple (which was somewhat retracted) and for several inches below it the skin was red and shining, and painful; and all the breast was œdematous. The axillary glands on the right side were enlarged and tender. Dr. Bull, on looking for fluctuation, spoke of the necessity of supporting the breast—which is best done by having the patient lie down—in order to more positively determine the presence or absence of this symptom. In this case, unless care be exercised, the œdema might mislead and the existence of fluctuation be believed in. It was not present here, however, and yet the œdematous condition was pretty conclusive evidence that the inflammation was a suppurative one, and before long the presence of pus would declare itself. This patient denied that there was any lumping of the breast before the attack four days ago; and Dr. Bull remarked that this almost always takes place though it frequently may be overlooked. With regard to treatment, he said that it was too late to milk the breast; what could be done was to place it at once in a sling, and to apply either cold or hot applications. If cold—ice; if hot—either poultices or fomentations containing belladonna; or better, with belladonna ointment smeared upon the breast. It is of importance to open an abscess in this location at the earliest moment, and the practitioner usually erred in this matter; for it is a fact that most abscesses of the breast are not opened sufficiently early.

Fracture of Ribs.

This patient was a man, 40 years of age, who yesterday, while returning from his work, was playfully punched in the side by a fellow-laborer. He felt pain in the spot at once, and has suffered therefrom since. His pain is caused by movement and by respiration, also by pressure over the eighth, ninth and tenth ribs, about three inches from their heads. Crepitus is distinctly felt on respiration and by pressure. In treating the case Dr. Bull preferred one large strip of rubber adhesive plaster five or six inches wide, and mentioned that the amount of comfort from such dressing in these cases was remarkable. In two or three weeks the strip could be removed.

There were other cases, he said, that were not benefited by this support; they were those usually in which five or six ribs were fractured. Bandages and plasters applied to them seem to increase the pain and the dyspnœa. Such dressing, therefore, should not be used. Simply keep the patient as still as possible and in a week or so, as soon as sufficient plastic material has been thrown out to confine the movements of the fragments, relief would occur. These cases were the exception to a very general rule, and it is well to bear in mind the possibility of this exception.

Hypospadias.

A boy, one year old, was brought to the clinic by his mother—as she said, "to see if he was all right in his privates." He was suffering from no symptoms; he passed his urine regularly and without pain. Examination showed an erythema intertrigo in flexures of thighs and about anus. The penis was found to present a long prepuce above but the lower part of the fore-skin and the frenum were missing. The under part of the glans was marked by a shallow groove. The meatus urinarius was found just internal to the corona glandis. The chief interest in such a case, Dr. Bull remarked, lies in being able to assure the mother that the child, though unusually formed will be undoubtedly none the less a competent man. The child at present has no trouble from his malformation and he is not likely to develop any.

Hypospadias exists in many degrees. Often the person afflicted possesses less urethra than this case—the meatus being further back on the body of the penis. This condition does interfere with the usefulness of the patient in reference to his duties to society. Such a man is likely to be impotent. These cases call for a plastic operation, unusually delicate. Several surgeons have suggested as many special operations but the exact indications in a given instance should be our guide in operating. Dr. Bull referred to two other conditions that in all cases of hypospadias might call for relief, viz., narrowing of the orifice of the urethra (shown by difficulty in urinating, etc.) which is easily remedied by meatotomy; and a tendency (in adults) of the penis, when in erection, to curve backwards, which may be relieved, not by exercise, but by operation.

FOREIGN CORRESPONDENCE.

LETTER FROM INDIA.

Grant Medical College of Bombay.—Its Career.—Past and Present.

BOMBAY, INDIA, September 9, 1889.

The great medical school of western India derives its name from Sir Robert Grant, the Governor of Bombay, who had endeavored to establish a system of educating the natives of India in English medicine. He died recently, and the school of medicine was opened, which took his worthy name. It is in the very centre of the most thickly inhabited part of the city, surrounded by an extensive compound. Its aspect is very awe inspiring, indeed! its extreme height, massive brick columns, and the quietude in its compound strikingly remind one of some of the old baronial castles in the Highlands of Scotland. All were invited to benefit themselves of this school when it was opened in 1845, but few took fancy at it. The native parents had a religious prejudice against dissection. The period of study has ever since been five years. Those who passed the final examination used to be distinguished from the rest of the quacks by G. G. M. C., *i. e.*, Graduate of Grant Medical College. In 1859, the Bombay University was established, and the said College was affiliated to it; and though the curriculum of study remained the same, the quaint and queer G. G. M. C. was substituted by L. M., *i. e.*, Licentiate of Medicine. It was made compulsory that the medical students must first pass the matriculation examination, as prescribed by the University. This used to be considered at that time a stumbling block to many desirous of joining the College, and, as a consequence, hardly three or four students joined it. The professors used to complain that they had to lecture before the mere empty benches, and wished the Director of Education to expunge the obnoxious rule of compulsory matriculation examination. But the Director told them that, as it was a new experiment in India, they must wait and watch the tendency of the people towards the University and the College. Accordingly they did so—and did for the better, too! because there was a slow but steady increase in the number of the matriculated students, when in 1872 a fee of ten rupees (four dollars) was levied from each matriculated student by this very same College, which till then used to be a free institution, and which, but a decade ago, advocated the cause of non-matriculated, and non-paying students. The College has long since reached the zenith of its hope. It is now absolutely over-crowded and over-congested with students. Another college can easily be formed out of it. The rush of the students on leaving one class-room to go to another one to occupy its front seats to hear and take down the lectures better is—to say the least—an unpleasant sight to look at. This splendid College—strange to say—has but three lecture-rooms; yet, a splendid museum, and students' library, which, though but an offshoot of yesterday, is raised solely and exclusively by the exertion of Dr. J. B. Lyon for the benefit of the students. The good name of Dr. Lyon, who in his short career as the principal of the College brought on such splendid reforms in the College, as were never dreamt of by his predecessors, for as many years as this illustrious worthy had been for months, will ever be cherished in the heart of every student with extreme pleasure and pride. The constant rush of the students from one class-room to another, and the consequent uproar thereon, drew attention of the Faculty, who communicated with the Government to extend out its wings, and thereupon the College was extended. Very recently a medical laboratory is in the course of being established, of which a short notice has been taken by your valuable REPORTER of July 13, 1889, page 52, under the heading of "Notes and Comments." The College can well boast of a roll of its illustrious principals, of whom the pioneer was Dr. C. Morehead. He was succeeded by Dr. Pitt, and a few years after him came Giraud, Haines, and Balingall. After them came Dr. Hunter and Dr. Sylvester. Dr. Sylvester retired in 1873, and Dr. Hunter left the principalship of the College in 1876, to become Surgeon-General with the Government of Bombay. Dr. Hunter was succeeded by Dr. Cook as the principal. After his departure came the great scientific investigator, Dr. H. V. Carter; the same worthy who has made drawings in Gray's Anatomy. He stayed in the College from morning till evening, thus doing his duty conscientiously to the Government, and advantageously to the students. The College, the students, and the entire medical profession were extremely proud to have Dr. Carter amongst them. His boundless scientific attainment used to inspire awe and respect wherever he went. The College saw an extensive reform of entirely a different nature during the principalship of this worthy and illustrious physician. It was the inauguration of ladies' medical class. In this College ladies and gentlemen take instructions together in the same class-room and on the same benches. All honor to Dr. Carter. After the retiring of this worthy, much to the regret of the medical profession, came Dr. Lyon as an acting principal. As the opening of ladies' classes was by Dr. Carter, so the formation and raising of a "Students' Library" was the work of Dr. Lyon. In the short stay of six months, this illustrious physician brought on great reforms and changes in the College, for the benefit of the students. He got over some rich Parsee grandees to lay out a sum of several thousand rupees to buy out a medical library. It seems as if it is not given to Grant Medical College to use the best of its benefactors for a long time; because Dr. Carter and Dr. Lyon went off from the post of principalship in a very short period. The College has the busts of Drs. Morehead, Pitt, Haines, and Ballingall. Since their time there were none who deserved that sort of honor. Now there are two illustrious worthies who deserve the honor of their busts in justice and equity: they are Dr. Carter and Dr. Lyon; indeed, the College needs more Carters and Lyons. Dr. Lyon was fully entitled to become the permanent principal of the College, but Dr. Gray now enjoys this honor. Dr. Gray is the senior surgeon of J. J. Hospital (in connection with the College), and occupies the chair of medicine in the College. Heretofore the rule was, that the first physician of the hospital should occupy the chair of medicine in the College, and this is the first time in the history of the College that its principal is not a physician but a surgeon.

D. D. Bode, M. D., D. D. S.

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New York Correspondence.

IN BELLEVUE HOSPITAL.

Clinic of Dr. Bryant, with some Statistics and Observations.—How Bubo is Treated.

New York, October 30, 1889.

Now that the colleges are in session, the clinics in Bellevue Hospital have been resumed. Among the professors who hold them are Drs. Stimson, Polk, Loomis, Thomson, Lusk, Bryant, Dennis, Janeway, Gouley and Stephen Smith. Few clinics are more largely attended than are those of Prof. Bryant. He is a fine operator, a good instructor, and has a genial, hearty manner that is much in favor with the doctors and students. His clinic last week was upon bow-legs and knock-knee. The case operated upon was one of extreme knock-knee in a child. The bones were straight, the deformity resulting from elongation of the internal condyles. Hence, said he, supracondyloid osteotomy was indicated. For this he has two guides: the spine of the internal condyle and the tendon of the adductor magnus, his incision being made in front of the tendon and one inch above the condyle. The incision should go to the bone, the periosteum being divided, and then, with the scapel for a guide, the chisel should be inserted. He cuts the bone partially through and finishes by breaking. There are two dangers: first, the chisel may be driven into the popliteal artery, and second, there may be an abnormal distribution of the anastamotica magna, which may be cut, giving rise to profuse hemorrhage. Neither danger is of consequence, with proper care. The deformity of the case in question was completely corrected by a simple "transverse osteotomy." Silk was passed through the wound for drainage, the incision was sewed up with catgut, and an antiseptic dressing was applied, bichloride of mercury being used. Buck's extension apparatus, with the leg at right angles with the body (for convenience), was applied. After three days Dr. Bryant dressed the leg, and, if everything is right, the limb is put up in a plaster of Paris splint. Sometimes the temperature rises to 103° and 104°, after such an operation, but if, on inspection, there is found no suppuration at the seat of operation and no pulmonary trouble, such as fatty œdema—which has been known to occur—the temperature should cause no alarm. It is sometimes the practice to wire the bones, but Dr. Bryant thinks this usually needless. He showed one case on which tibial osteotomy had been performed for bow-legs, the bones being wired. Necrosis of the bone, with two sinuses in the soft parts, one above and the other below the seat of fracture, was the result. He treated this case by cutting down to the bone, dividing and elevating the periosteum and thoroughly scraping away the dead bone. Then, leaving a sinus for drainage, he sewed up the incision in the periosteum and closed the external wound. Although he united the edges of the periosteal incision, he does not think periosteum is necessary for the formation of bone. On the contrary he teaches that any tissue in contact with bone will produce bone granulations. The children here affected with deformed legs are usually rachitic and their bones on division bleed profusely. The hemorrhage, however, is not dangerous, and soon stops.

In extreme curvature of the bones Dr. Dennis removes a **V**-shaped piece of bone. This, however, is not done in all the divisions of the hospital. In one service, in the last six months, twenty operations were performed for genu valgum and genu-varum; and, although some of the cases were as extreme as is possible, simple transverse division was all that was ever employed. Without exception every case was completely cured by one operation, and there wasn't one single complication. The rule was to cut down on the bones at the points of greatest curvature, break them, unite the incision in the soft parts with catgut without drainage, apply an antiseptic dressing (bichloride), and over all immediately put on a plaster splint with the deformity corrected. Then the cases required no more attention till five weeks later when the dressing was removed, always to find a perfect result, the incision healing by primary union and the bones uniting firmly. Though in some legs both tibial and femoral osteotomy were done, and there were legs in which four fractures were made, there was not a case in which Macewen's operation—which invades the knee joint—was thought necessary. In these rickety charity patients, in whom a contusion often sets up an obstinate arthritis, it is thought dangerous to make a fracture implicating the joint, no matter how complete the antisepsis may be. Braces and such apparatus are never used in Bellevue.

There is a method of operating for bubo much used here, which, so far as I know, has never appeared in print. It was devised by Dr. W. N. MacArtney, house-surgeon of the First Surgical Division, and it has this advantage over the method of dissecting out the glands: that it is less dangerous, there is less hemorrhage, and the wound heals much quicker. The last is especially noticeable, in nearly all operations primary union being obtained, although foul venereal pus often escapes into the wound. The operation is simple and is as follows: An incision is made directly over the tumor and carried down until the sacs of the enlarged glands are incised. Then with the finger the glandular substance can easily be peeled out. The sacs are allowed to remain. The remaining cavity is washed out and the incision is sewed up, drainage being arranged for.

Experience in the Chambers Street Hospital demonstrates that chancroidal bubo can be aborted by the use of salicylic acid on the sore. Even after inflammation of the glands is far advanced, the powder causes it to subside. This is the routine treatment followed there in a very large venereal class, both for bubos and chancroid. No external application to the bubo such as tincture or ointment of iodine has been found to be of service. Ordinary cases of gonorrhœa are usually treated there as follows: for the first or acute stage, the urine is simply made alkaline by the internal administration of a solution of acetate of potassium; in the second stage, an injection of a mild solution of the sulphate of zinc is used. It is simple and works well. At the Post Graduate Hospital, a 1 per cent. solution of creolin is used as an injection in the acuter stage. In Bellevue an injection much used is a 1 in 10,000 solution of the bichloride of mercury.

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PERISCOPE.

Is Hydrophobia an Infectious Disease?

Dr. N. E. Brill, of New York, in answering the question "whether hydrophobia exists as an infectious disease," in the *Medical Standard*, Nov., 1889, says that the more he examines the subject of lyssa the more he is convinced that this *bete noir* of human pathology does not exist in the race as a pathological entity; that persons bitten by dogs, rabid, or alleged to be rabid, exhibit a combination of grave symptoms, there can be no doubt; but that these symptoms are the result of an infection derived from the teeth and salivary secretions of the animal, admits of serious question. Of course an assertion cannot have any weight unless it be substantiated by a reasonable amount of proof. The following facts summarize the position taken by the writer:

First. All infectious diseases known to man have a distinctive set of symptoms, follow a certain course, and exhibit a fixed pathological basis. Can the same be said of lyssa? Whoever has examined cases of this alleged disease during life, and the organs of the affected individual after death, will be compelled to say: The symptoms of my cases corresponded in no particular except, perhaps, in the dread which all, or nearly all, my cases presented. The *post-mortem* record of all these cases presented absolutely no data on which to assume that an infection had performed its deadly work.

Four different varieties of bacteria have been described as being the cause of this disease. If observers were more numerous there would be no limit to the varieties of bacilli and micrococci which would be found in the blood and secretions of an individual alleged to be suffering from lyssa. Dowdesuree found a micrococcus, Motte and Protopopoff a bacillus, while Solles found a bacillus differing in shape from the former. When the number of varieties will cease is a question which, in the present state of bacteriological science, will not permit of an answer.

Secondly. All infectious diseases known to us have a constant period of incubation. Lyssa certainly has not. Numerous cases attest that the alleged period of incubation extends between a few hours and seventeen years. It may be said that syphilis shows this tendency; but who will say that the initial symptom of the latter disease can always be detected?

Thirdly. There are no constant and invariable signs of this disease. Neither is its course uniform nor is its clinical history. If these criteria, which would make a nosological entity of lyssa, were the fact, it would have a recognized stable pathological basis. The converse of this proposition is likewise true. For example, have the clinical or pathological histories of typhoid, smallpox and anthrax changed? Are they inconstant? And can the same be said of lyssa? What must we then infer? The only inference which can be drawn is that no infectious agency can be the ultimate cause of this disease.

And yet the bite of a rabid dog (and for that matter of a dog that is not rabid) is oft followed by fatal results. If there be no infection in the bite, what has caused death? Laying aside the numerous diseases which have been mistaken for lyssa, it is my opinion that the fatal results in all cases may be relegated to one of the following categories: Septicemia, tetanus, acute delirium (grave delirium, typhomania). The presence of either the first or the second of these classes may be readily explained. That of the third is not so readily. However, it is my purpose to show the chain of thought which induced me to place this third category in this classification.

It is a fact known to alienists that grave delirium more frequently follows intense emotional shocks than any other form of mental disease. Fear and dread, the result of the superstitious traditions which are attached to dog bites, are the predominant factors, to which must also be added expectant attention, in the production of the mental disturbance of lyssa. These disturbances correspond in all particulars to the clinical history of acute delirium. My belief is therefore that in the great majority of cases lyssa is but this form of insanity—an insanity which is known to be very fatal. It is not the infection of the bite which produces this form of lyssa, but the fear and expectant attention which the bite has engendered.

Salol in Gastro-Intestinal Derangements of Childhood.

Dr. Carr writes on the above subject in the *Archives of Pediatrics*, for September. In his own experience the drug was used in all the disorders of the stomach and intestine common to children, but with the most success in the cases of acute gastro-enteritis caused by improper diet or from temperature changes. The dose and mode of administration vary somewhat in different cases; the preference being to give the salol alone unless there is some particular reason for combining it with another agent. If the symptoms are those of acute gastro-enteritis with the vomiting of milk, or of other food, and the movements from the bowels are ill-smelling, loose, and quite frequent, the administration of salol, while maintaining perfect rest of the stomach and bowels, will be all that is required. Should the vomited material contain bile and the stools have a lumpy, clay-like appearance or be streaked with bile, the addition of a small quantity of calomel or of mercury and chalk will bring about a quicker relief. This may be explained, partially, by the effect of the mercurial on the obstructed ducts of the liver and pancreas.

When the movements of the bowels become frequent and the discharges serous, the effect of the salol, besides the neutralization of the disagreeable odor, seems to be almost negative. It is seldom that the watery motions are lessened by the salol unless given in combination with opium or bismuth. In dysentery and severe colitis salol exerts very little control on the tenesmus and bloody passages.

The dose of salol will depend much upon the requirements of the case. For children under six months one-half grain every two hours for three or four doses will be found sufficient; between the ages of six to eighteen months half a grain to a grain and a half; at two years a grain and half to two grains will usually be efficacious. The drug is best dispensed combined with some inert powder. Children take it readily if it is placed on the tongue or in a spoon. It never, so far as the writer is aware, causes toxic symptoms or any of the irritation of salicylic acid. Abstinence from food that would continue the irritation of the stomach is of the same importance in the employment of salol as in the treatment of all disorders of digestion in children.

The conclusions drawn after the use of salol indicate that it is an easily administered, safe drug in the first stage of acute gastro-enteritis in children, and in the more chronic forms of entero-colitis, accompanied by slimy bad-smelling evacuations. In the acute condition it is necessary to keep the stomach at rest and administer two or three doses of salol within five or six hours. For the more chronic state of catarrh, it is best given in somewhat larger doses before meals. In frequent serous discharges and in colitis the salol does not produce the same good results as in the cases mentioned above, and its effect is uncertain, not being so rapid or so sure as an opiate. In dysenteric disorders it cannot be relied on.

It seems, then, that salol acts best in morbid conditions due to fermentation and decomposition in the stomach and upper bowel, and that it diminishes in power as it passes through the large intestine.—*Boston Med. and Surg. Journal*, Oct. 24, 1889.

A New Antispasmodic.

Formyl-para-amidophenolether is another new synthetical remedy that will probably soon be met with in commerce. It is not an antipyretic, but is said to affect the spinal cord. If its claims are confirmed it may prove useful in convulsive diseases.—*Chemist and Druggist*, October 26, 1889.

Reporting Typhoid Fever.

In Michigan typhoid fever is a disease which the State Board of Health has declared to be "dangerous to the public health," and as such it comes under the law requiring physicians to report to the Health Officials. Any physician who shall neglect to immediately give such notice, "shall forfeit for each such offense a sum not less than fifty nor more than one hundred dollars." And since October 1, "*any householder* who shall refuse or willfully neglect immediately to give such notice, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of one hundred dollars, or in default of payment thereof may be punished by imprisonment in the county jail not exceeding ninety days."

The *Med. Age*, October 10, 1889, says that this law applies to scarlet fever, diphtheria, small-pox, and all diseases dangerous to public health, as well as to tyhoid fever, and that every case should be reported to the Health Officer, who is required to promptly attend to the restriction of the disease. The new law makes it a misdemeanor, punishable by fine or imprisonment, for the Health Officer to knowingly violate the enactment, or for any person to violate the orders of the Health Officer made in accordance with it. The actual penalty, however, which is incurred is—*Death!* And about one thousand people are lost in this State annually from typhoid fever alone. The saving of a large proportion of these lives is the real reason for the effort, in which it is hoped all people will join.

Treatment of Baldness.

Dr. E. Besnier, in the *Journal de Méd. de Paris*, states that the falling out of the hair may be checked and a new growth started by the following treatment: The hair should be cut short and a mild sinapism or rubefacient applied to the scalp; then every five days the following lotion is to be applied:

℞ Acid. acetic.,
Chloroformi . . . . . āā q. s. M.

The above should be used cautiously, as it is an irritant, and stimulates the hair powerfully. In connection with the above, the following pomade should be used:

℞ Acid. salicylic . . . . gr. xv
Sulph. precip. . . . . ʒjss
Vaselini . . . . ʒv.—M.

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.—*Journal of Cutan. and Genito-urin. Diseases*, Oct., 1889.

Codeine.

Notwithstanding the large number of synthetical hypnotics now before the medical world, this old remedy has lately been again investigated and recommended by several authors in various diseases. Dr. Rheiner, of Berlin, speaks very highly of it, especially as a mild narcotic in cases of pthisis, where morphia is contra-indicated. Others also recommend it in certain diseases of women. —*Chemist and Druggist*, October 26, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

TUBERCULOSIS IN SLEEPING-CARS—A FALSE ALARM.

There is no more serious obstacle to real advance in the science or art of medicine than the unwarranted assertions sometimes made by men who occupy positions which give unusual weight to their utterances. It is unfortunate that such men do not seem always to appreciate the responsibility of their position, or to understand the limitations they should set to their *ex cathedrâ* statements. We are led to these reflections by the remarks made recently by Dr. J. T. Whittaker, of Cincinnati, before the Association of Railroad Surgeons, on "Tuberculosis in Sleeping-Cars;" in which he declared that it would be difficult to conceive of a conjunction of circumstances more directly contributive to disseminate tuberculosis than is offered in the palace car. The dangerous possibilities of the sleeping-car Dr. Whittaker compares to those of dogs confined in boxes and made to inhale atomized tuberculous material, who thereby become themselves tuberculous.

This, in our opinion, is a very dangerous example of false reasoning. It by no means follows because dogs become tuberculous when compelled to breathe tuberculous material, that men and women who travel in sleeping-cars are likely to become tuberculous because consumptives have occupied the same cars. There is not the least doubt concerning the possibility of infecting animals experimentally with tuberculosis; but they require conditions utterly different from those of a traveler who has consumptive companions, or predecessors. In experimental infection by inhalation it is indispensable that the sputum shall be either coughed or sprayed down the air passages of animals, or suspended thickly in a confined atmosphere which they are forced to respire; and it is well known that, with all these requirements rigidly met, the experiments frequently fail. How slight do the risks of infection in sleeping-cars appear in the light of these facts, and how absurd is it to intimate—as Dr. Whittaker does—that the exhalations of a single consumptive will contaminate the atmosphere of a sleeping-car for a considerable length of time!

As a matter of fact, the danger of acquiring phthisis in the manner suggested by Dr. Whittaker is not great, but exceedingly small. How small it must be will be appreciated by any one familiar with the most careful investigations in regard to the communicability of tuberculosis, and who remembers that such eminent investigators as Baumgarten, Bollinger, Celli, Guarnieri, who thoroughly believe in the tubercle bacillus as a cause of tuberculosis, deny infection through inhalation altogether.

In astonishing and regrettable contrast to this view, Dr. Whittaker's remarks might easily deceive one unfamiliar with the facts to believe that investigators are unanimous in holding it to be easy to transmit tuberculosis to animals through inhalation. If this inference is not the one intended, Dr. Whittaker's opinions might be expected to rest upon some careful observations of his own, which demonstrate that the views of the best observers who have preceded him are erroneous. But, if he has made such observations, he certainly does not cite them. If there are any facts within his knowledge that support his alarming suggestions, they might be such as that he knew of cases of tuberculosis fairly attributable to infection in sleeping-cars—a tolerably easy sort of claim to make—or that he had gathered statistics showing that conductors, porters, and other sleeping-car employees, who are exposed to this danger almost all the time, are peculiarly liable to succumb to consumption. But Dr. Whittaker produces no evidence of this sort, and his utterances seem to be as unjustifiable as they are alarming. We regret to see them quoted in different directions and by influential medical journals without criticism, and hope that some of our contemporaries will join in in endeavoring to prevent the mischief which they are likely to do if allowed to pass unchallenged.

COMPULSORY NOTIFICATION OF DISEASE.

The Medical Society of the District of Columbia, in Washington, has been carefully studying the subject of the compulsory notification of diseases by physicians to the municipal authorities, and has just received a report from a committee appointed to consider the question of the adequacy of the present regulations for the prevention of diphtheria in that city.

The committee found that no physician or other person, in the District of Columbia, is required to notify the Health Officer of the existence of any contagious or infectious disease, except that of small-pox.

At the present time, the Health Officer has no power to make effective regulations. No notification is required to be made to the Health Officer, nor is any house placarded. The Health Officer could inspect school-houses when disease is known to be present, but he has no means of knowing this except by common rumor. The regulations for the government of the schools are made by a board of trustees. No physical examination of the scholars for admission to the schools is required, other than the production of a vaccination certificate. Teachers may send children home whenever it is found that contagious diseases exist in the family, or whenever a child has a fever or sore throat it is sent home. The committee thinks it would be practicable to require every scholar to produce a health certificate from the family physician, which health certificate should not only certify that the scholar had been vaccinated, but that he had not, within a period of thirty days, been exposed in his or her own domicile to the contagion of measles, scarlet fever, or diphtheria.

The committee suggests that the regulations in regard to small-pox should be made to include scarlet fever and diphtheria, and that the regulations governing warning signs, isolation, disinfection, and care of the sick-room, notice to the Board of Health, and interments, should be strictly enforced, with regard to these diseases, in the manner now provided in regard to small-pox. The committee proposes a law, making it the duty of every registered practicing physician in the District of Columbia to report, as soon as practicable, to the Health Officer, on forms to be furnished by that officer, the occurrence of any case of scarlet fever or diphtheria coming under his observation.

The proposed act also provides that it shall be the duty of the Health Officer to cause a suitable warning sign to be displayed from the front of the premises, where any case of scarlet fever or diphtheria is present, to cause the premises to be properly disinfected, and to issue instructions for isolation of the patient. It also makes it unlawful for any person to visit or attend any public or private school, or place of public assemblage, or to appear on the public streets, or in the parks while affected with scarlet fever or diphtheria.

This report was discussed at great length and its ultimate fate is not yet determined. Such propositions usually encounter many obstacles in passing through large bodies of medical men, and others, even more formidable, when they come before legislators.

In the present case there is room to question the practicability and utility of certain provisions of the act proposed, although its purpose and general outline will be likely, we think, to meet with the approval of all students of public health.

NAPHTHOL IN THE TREATMENT OF TYPHOID FEVER IN CHILDREN.

The use of naphthol in typhoid fever has already been followed by considerable success in a large number of cases; the results obtained being attributable to the antiseptic properties of the drug. This treatment of typhoid fever was, according to the *Gazette Hebd. de Méd. et de Chir.*, Oct. 4, 1889, first introduced by Dr. Bouchard. Following in his footsteps, Dr. Legroux, of Paris, has adopted a similar therapy in the treatment of enteric fever in children.

The method advocated by him is as follows: As soon as the presence of the disease is confirmed, a purgative of calomel should be given. Two doses, of from five to nine grains, a few hours apart, are best. The administration of naphthol should be given two days later. This drug may be given either alone, or else in combination with salicylate of bismuth or salicylate of magnesia. If slight diarrhœa is present, three grains of beta-naphthol should be given every hour; and if the diarrhœa is copious, a prescription composed of thirty grains each or beta-naphthol and salicylate of bismuth, divided in ten powders, may be ordered. One powder may be given every hour, the whole ten to be taken within twenty-four hours. If there is any constipation, salicylate of magnesia may be substituted for the salicylate of bismuth in the above prescription, and a similar dose employed.

TENTH INTERNATIONAL MEDICAL CONGRESS.

The most recent German medical journals contain the Statutes and Programme of the Tenth International Medical Congress, which is to be opened in Berlin on August 10, 1890. It is evident that the Organizing Committee is doing all it can to insure the complete success of the coming Congress. The Congress will be divided into eighteen Sections, and each of these will be presided over by a Chairman and a number of honorary chairmen. On account of the various languages used, secretaries of various nationalities will be employed. The Committee on Organization will decide whether any paper presented shall be read in the general session or in its respective sections. This Committee also requests that any suggestions concerning the organization of the Congress should be sent to it before July 1, 1890.

Members taking part in the discussions will be requested to hand their remarks, in writing, to the Secretary at the close of session. The official languages of the Congress will be German, French, and English. Introductory addresses will be restricted to twenty minutes and individual remarks in discussions to ten minutes. Students of medicine and the laity, both male and female, will be admitted, on invitation of the Chairman, to the Sections in which they are especially interested.

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—The number of students attending the Chicago medical schools this year is considerably increased. The average increase in the four regular medical colleges probably amounts to ten or fifteen per cent. over the previous year.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

THE STORY OF THE BACTERIA AND THEIR RELATIONS TO HEALTH AND DISEASE. BY T. MITCHELL PRUDDEN, M. D. 16mo, pp. vi, 143. New York and London: G. P. Putnam's Sons, 1889.

So much is said about bacteria at the present time that a book written on the subject in the interest of laymen will find many readers. Dr. Prudden first explains that the human body is made up of cells in various combinations, and then shows how unicellular organisms are capable of all the essential functions of life, such as in the human body are performed by complex organs. The harmlessness of certain bacteria is strikingly stated in the following passage: "There is really very little difference, so far as wholesomeness is concerned, between the few thousand vegetable cells which we call bacteria, which may be clinging to the surface of a grape, and a few hundred vegetable cells of which the grape itself is composed."

Dr. Prudden has succeeded in presenting an admirable summary of what is known and believed regarding bacteria and bacterial diseases. The book is both interesting and instructive, and will be read with pleasure, especially by intelligent laymen.

TRANSACTIONS OF THE TWENTY-FOURTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, held at Philadelphia, September 18–20, 1888. 8vo, pp. 391. Philadelphia, 1889.

Among the papers in this volume is one on tinea tonsurans, by Dr. J. H. Classon, of Philadelphia He gives a good description of the disease and reports five cases. He regards an ointment composed of one drachm of oleate of copper and four drachms of vaseline, as the most preferable local application. He is in error, however, when he states: "Observation tends to show that the growth of the trichophyton may produce tinea versicolor." The latter affection is caused by an entirely separate fungus—the microsporon furfur.

The largest paper in the volume is one on "Arsenicum Album," by the Farrington Club, of Pittsburgh. It is startling and somewhat amusing to read of the symptoms, which are alleged to be exhibited by a person taking the drug, attributed as personal characteristics to the drug. For example: "Arsenic is determined to commit suicide, he suffers so;" "arsenic causes great fear and anguish; sees ghosts day and night." Among the leading characteristics of arsenic are mentioned burning, and inflammation of the skin. According to the so-called law of similars, we should therefore expect arsenic to be useful in acute inflammatory skin affections. As a matter of fact it is useful in the dry, chronic scaly skin affections.

The book is well printed and well bound. It bears throughout distinct evidence that homœopathic practitioners are becoming more liberal.

ESSENTIALS OF PHYSIOLOGY, ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS. Prepared especially for students of medicine. BY H. A. HARE, B. SC., M. D. (Univ. of Pa.), Demonstrator of Therapeutics in the Medical Department of the University of Pennsylvania, etc. Second edition, thoroughly revised and enlarged. 8vo, pp. iv, 173. Philadelphia: W. B. Saunders, 1889. Price, $1.00.

The author states, in the preface to the present edition, that he has endeavored to improve each portion of the work. The illustrations have been increased three-fold, and a greater number of questions and answers on the nervous system have been given, while others, which were not as clear as they might be, have been rendered easier of comprehension. The book in its present shape gives a good review of the essence of our knowledge of the blood, circulation, respiration, digestion, excretion, the nervous system, including the special senses, and of generation and the development of organs. It is calculated to be useful to students preparing for examination and to others who desire to refresh their memories by a few moments reading.

The last page of the book is numbered 193; but there are not that many pages in it, even if two advertising pages in the front, the title-page, and all the fly-leaves are counted.

MEDICINAL KALENDER FUER DEN PREUSSISCHEN STAAT AUF DAS JAHR 1890. Erste und Zweite Abtheilungen. Berlin: August Hirschwald, 1890.

The book which in Germany takes the place of the Pocket Records and Visiting Lists in this country, is a visiting list in one volume, and a general directory of the profession in Germany, with a vast deal of accessory information in another. It is of much interest to all who have an interest in German medical affairs, and an exceedingly useful guide to the location and work of men whose names occur in medical literature. It is a welcome visitor to our Editorial table and a good friend many times.

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LITERARY NOTES.

—J. B. Lippincott Company announces a new edition of *Remington's Practice of Pharmacy*, ready for delivery November 5. More than 200 pages and 140 new illustrations have been added, embracing over 100 autograph prescriptions on enamelled paper, and many other new features.

—Dr. Reichardt, who has for many years edited the *Archiv der Pharmacie*, has announced his intention of retiring. The journal will continue to appear under the joint editorship of Professors Schmidt and Beckurts, of Berlin.

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CORRESPONDENCE.

Treatment of Rattlesnake Bite.

TO THE EDITOR.

Sir: I see in the REPORTER, No. 16, October 19, 1889, an article headed "Death from Rattlesnake Bite."

Why will the medical profession continue to play with these snake bites by the use of whiskey? Why not read such standard works on the subject as Cooper, Gibson and others? I know they are right in directing the use of olive oil. I have used it for forty years in a large practice of that class of cases, and in no case has it failed to give immediate relief, and produce a permanent cure. Use none other than the pure virgin oil and it will cure every case, and no mistake.

Yours truly,
C. R. Earley, M. D.
Ridgway, Pa.,
Nov. 12, 1889.

Gonorrhœa at Five Years of Age.—Death after Nitrous Oxide Anæsthesia.—Reunion of Cut-off Fingers.

To the Editor.

Sir: In the Reporter of October 19, a case of gonorrhœa in a boy five years old is reported by Dr. D. D. Custer, of Manayunk, Pa. In 1877 a woman brought her son, aged five years, to me, saying that something was wrong with him; that he cried when he urinated, and this was quite frequent. On examination I found he had a well-defined case of gonorrhœa. Investigation proved that the hired girl had seduced him, and he contracted gonorrhœa from her. My partner, at the time, was treating a young man who contracted the disease from the same woman.

In the Reporter of November 2, you mention a death from nitrous oxide gas, or rather from apoplexy following administration of the gas. Several years ago I administered nitrous oxide gas to a lady, for a dentist to extract some teeth, and she came near dying from what I then considered threatened apoplexy. The case you mentioned reminded me very forcibly of my experience then, and I hope never to have a repetition of it. In the same issue of the Reporter, Dr. A. Hamilton Deekens reports the union of a cut-off finger, which reminds me of what happened to an old physician many years ago; long before antiseptic surgery was practiced. A man, with a finger cut off, came to him, bringing the finger. The doctor was drunk, and sewed the finger back. It united nicely. But lo! the doctor had sewed it on with the palm surface turned the wrong way. The doctor, after sobering up, wanted to amputate the finger and try to put it back right, but the patient declined and the doctor was annoyed, many years, by having his mistake constantly exhibited as a great curiosity.

Yours truly,
S. W. Sanford, M.D.
Henning, Tenn.,
Nov. 5, 1889.

NOTES AND COMMENTS.

Absence of the Uterus.

In the *Virginia Med. Journal*, October, 1889, Dr. Louis A. Bryan, M. D., of Houston, Texas, reports an interesting case of congenital defect. He was applied to by a mulatto woman and her husband for relief from an obstruction of the vagina which prevented perfect coition. After a preliminary examination, he appointed a day and invited Drs. Burroughs and Autry and Dr. Scott to visit the case with him and assist in an operation, if, after a careful examination, we thought it advisable to make one—his preliminary examination having only gone so far as to establish the existence and location of the obstruction.

At the time appointed it was found that the external organs were in normal condition and well developed. The index finger, being passed into the vagina, found it in a normal condition in all respects for about two-thirds of its length from the vulva; at this point it was perfectly closed by a membrane of the same character and equally dense and resistant as that of the walls of the vagina. With the index finger in the rectum and a sound passed into the bladder, the vagina could readily be traced to its terminal point, which was abrupt, and beyond which no tissue of any character could be detected between the finger and the sound except the walls of the bladder and vagina; as far as the examiners could explore there was no trace of a womb discovered. This, they decided, settled the question of an operation in regard to opening the vagina, and they did not proceed to the operation of dilating the sphincter ani and introducing the hand into the rectum to search for a womb, for it was thought that if such an organ was anywhere located, it had no connection with the vagina.

This subject was a bright mulatto woman rather above medium size, well developed, twenty-five years old, who had been married two years, had never menstruated, but suffered at each recurring period with severe pain in the head and a heavy sensation and some congestion of the eyes. When about seventeen years old she had to be relieved from the care of a child to which she was nurse for one or two days at each period on account of her severe suffering. She complained of no abdominal or other pains except those of the head.

She said that she had sexual desires and enjoyed sexual intercourse, at the conclusion of which there is a sense or feeling as if something were in the vagina which she has the desire but not the ability to discharge.

Directions for Using Plain Cod Liver Oil.

A few grains of salt on the tongue before taking, renders cod-liver oil palatable, and suggests sardines. A bite of pickle before and after, renders the dose acceptable. Where liquor may be safely used, a small quantity of good whiskey is one of the best vehicles for administering cod liver oil.

The dose should be small at first: say a half teaspoonful, gradually increased to a dessert, and even a table spoonful, three or four times a day, and is best taken a half hour after meals. In all cases it should be persisted in for some time, and without intermission.

The great point is to secure oil of undoubted purity and freshness.

Hyoscine as a Sedative.

Mr. A. S. Barling, in writing on the value of hyoscine as a sedative in *The Lancet*, October 26, 1889, says that in 1887 and 1888, when in residence at the Leeds Infirmary he frequently gave it, and its administration became quite the routine practice in almost all cases of mental derangement. The solution generally used has been one of the hydrobromate, one grain to 200 minims, or of the hydriodide. This was found to be more convenient than the weaker solutions which were tried at first. The usual dose to begin with was $\frac{1}{100}$ grain, but this was generally largely increased. He has given as much as $\frac{1}{30}$. Most of the cases that he has seen have been such as occur in the ordinary run of hospital practice—notably delirium tremens, acute mania following operation, and delirium caused by heart disease. In all of these its success has been most marked. The effect of the drug shows itself in from one to five minutes. The patient becomes less noisy, and his articulation indistinct, drowsiness then comes on, and, although in many cases the man seems to fight against the drug, he soon becomes quiet and lies quite still, often with his eyes partly closed. In about half the cases this state gives place to sleep. This is generally accompanied by stertorous breathing and by a peculiar twitching of all the voluntary muscles; the patient can, with great difficulty, be roused, and his pupils are dilated and do not react to light. Besides the cases mentioned above, Mr. Barling has given it to a man with intense neuralgia of the supra- and infra-orbital nerves. The patient was a confirmed opium taker, and morphia had little effect on him. Hyoscine frequently gained him some hours' sleep when morphia and chloral had failed. In yet another case, one of very severe chorea, it sent the patient to sleep after many drugs had been tried in vain. Unpleasant after effects following hyoscine are not so common as after morphia though there is often some dryness of the throat and weariness.

Source of Colors.

The cochineal insects furnish a great many colors. Among them are carmine, crimson, scarlet carmine, and purple lakes. A sea shell belonging to the purpura, and found in Japanese waters, gives a rich violet dye. The cuttlefish gives the sepia. It is the inky fluid which the fish discharges in order to render the water opaque when attacked. Indian yellow comes from the feces of the camel. Ivory chips produce ivory black and bone black. Prussian blue is made by fusing horses' hoofs and other refuse animal matter with impure potassium carbonate. Various lakes are derived from roots, barks, and gums. Lamp black is soot from certain resinous substances. Turkey red is made from the madder plant, which grows in Hindostan. The yellow sap of a tree of Siam produces gamboge; the natives catch the sap in cocoanut shells. Raw sienna is the natural earth from the neighborhood of Sienna, Italy. Raw umber is also an earth found near Umbria and burnt. India ink is made from burnt camphor and gum. The Chinese and Japanese are the only manufacturers of this ink. The process is a tedious one and requires great skill. The finer grades of India ink are delicately scented with attar of roses, and one stick about three inches long may cost four or five dollars. Age improves the ink. Mastic is made from the gum of the mastic tree, which grows in the Grecian Archipelago. Bistre is the soot of wood ashes. Very little real ultramarine is found in the market. It is obtained from the precious lapis-lazuli, and commands a fabulous price. Chinese white is zinc, scarlet is iodide of mercury, and native vermilion is from the quicksilver ore called cinnabar.

Effect of Mental Impression.

A curious case of traumatic hysteria was recently reported by Dr. William C. Thompson. The patient, a man fifty years old, had seen an Italian killed by a shock from an electric wire. Two weeks later he was struck on the head by a cut wire; he at once grasped it in his hand and fell down, only recovering his senses several hours later after having been taken to a hospital. He was then found to have right hemiplegia and hemi-anesthesia and all the symptoms of typical hysteria. The wire that had struck was a "dead" one, that is, no current was passing through it at the time of the accident; the blow had also been but slight, causing no contusion.

Reception to Dr. Rihl.

Members of the Northern Medical Association and other professional friends tendered Dr. Henry W. Rihl a reception and banquet at the Colonnade Hotel, Tuesday evening, October 29. The special occasion of the banquet was the return of Dr. Rihl from a trip to Europe; but it was in honor of a career of forty years as a practitioner of medicine, and as a mark of the respect and esteem in which Dr. Rihl is held, both as a man and as a physician, by all who know him. The attendance was large and the occasion was a success in every way. Toasts were responded to by Drs. Rihl, Gibbs, Mills, Hess, Roberts, Collins and others. The toast master, Dr. E. W. Holmes, added much to the enjoyment of the evening by his geniality and wit.

Some Results of Compulsory Notification.

Dr. Campbell Munro, in recording the death-rate of the Jarrow urban district, in County Durham, England, during 1888 as 17.1 per 1,000—this being the smallest rate since 1871, when it was 34.7 per 1,000—takes occasion to refer to the operation in Jarrow of the compulsory notification of infectious diseases, and for this purpose he contrasts the period 1871–78 and 1879–88. In the former, when no such system was in force in the borough, the mean death-rate from all causes was 25.2 per 1,000; during the second period, when notification was in force, it was 20.8.—*The Lancet*, October 26, 1889.

Death from Chloroform.

A death from the inhalation of chloroform occurred at the Richmond Hospital, London, Oct. 12. The patient was a woman, who was about to undergo amputation of the thumb. She had taken a very few inspirations when her face was observed to become deeply congested. The administration of the anæsthetic was at once stopped, artificial respiration was set up, and the external jugular vein was opened, but she never rallied. At the autopsy examination the heart was found to be infiltrated with fat and the brain to be congested. The coroner's jury found that the anæsthetic was skilfully administered.—*British Medical Journal*, Oct. 12, 1889.

The Normal Thoracic Resonance in Left-handed Persons.

It is a well-known fact in clinical medicine that the normal percussion resonance of the thorax is higher pitched on the right side than on the left; Mr. W. H. Brazil, of Bolton-le-Moors, England, states, in the *British Medical Journal*, October 26, 1889, that so far as he has been able to ascertain, no mention has hitherto been made of an important exception to this rule which exists in the case of left-handed persons. In all the cases of this kind which he has up to the present time been able to collect the difference between the thoracic percussion resonance observed in them and in ordinary right-handed patients has been both uniform and decided. He sums up the results obtained on thoracic examination as follows: 1. The percussion resonance is higher pitched on the left side of the chest than on the right, this higher pitch affecting all regions of the thorax. 2. The vocal fremitus is greater on the right side than on the left, agreeing in this respect with the normal right-handed thorax. The first of these points has a certain degree of theoretical interest, inasmuch as it confirms the generally accepted explanation of the higher pitch usually observed on the right side, namely that it is due to excess of muscular development on that side. It has also an obvious bearing on the diagnosis of an early stage of phthisis affecting the left lung, the points of distinction being: first, that the higher pitch in left-handed patients affects the entire left side of the chest instead of being confined to a particular region; secondly, that the vocal fremitus in the former case is greater on the right or lower pitched side.

Mr. Brazil mentions, in conclusion, that he is still collecting cases, and hopes shortly to publish a list with further particulars.

Human Spermatozoa.

Mr. E. M. Nelson in describing his observations on the human spermatozoa states that the head or spore has not been hitherto correctly figured. In all the drawings that he has seen the ovoid form having been delineated but with the larger end turned toward the tail, whereas the smaller end should be in that position. The head or spore fits into a cup, the outlines of which may be seen in both front and side views. This part does not appear to have been previously observed. At the bottom of the cup is an exceedingly variable part called the calyx, between which and the tail proper is the stem, and in the latter a structure that Mr. Nelson names the joint. On the spore he has observed a flagellum which he calls the filament, its purpose being to guide the spore into the micropyle, or the aperture into the ovum.—*The Microscope*, Oct., 1889.

What is Vaccinia?

In the October number of the *Archives of Surgery* Mr. Jonathan Hutchinson describes and analyzes in a masterly manner "three latent cases of gangrenous ulceration of the arm after vaccination." So closely did the symptoms simulate some of the manifestations of syphilis that several well-informed medical men held that they were cases of true syphilis. However, Mr. Hutchinson is of the opinion that they were probably cases of vaccinia. This strongly supports the view maintained by Dr. Creighton, that cow-pox is closely allied to the great pox. It should be clearly understood that Dr. Creighton never suggested their identity, but only their similarity. He says: "A careful and unbiased survey of the facts has convinced me that cow-pox sores must be credited with a power of producing secondary symptoms (I say nothing of tertiary), not because they have the contamination of venereal pox in them, but because their nature is the same, or parallel with, that of the venereal pox itself."

The important question arises and is asked by Mr. H. H. Taylor in *The British Med. Journal*, Oct. 26, 1889, What is vaccinia? Is it cow-pox, or horse-pox, or horse-grease cow-pox, or horse-pox cow-pox, or small-pox cow-pox? Jenner, in his "masterpiece of medical induction," asserted it to be that form of udder disease inoculated from the greasy heels of a horse through the medium of the milker's hands. Sir John Simon maintains that it is small-pox cow-pox. Mr. Hutchinson holds this view. We read: "If we suppose that cow-pox was a disease communicated to the cow by the hands of a milker suffering from variola," etc. It is quite necessary to suppose this, as there is not a single authentic case on record in which a milker with variolous pustules on his hands has been known to infect a cow.

On November 17, 1881, an outbreak of cow-pox was reported at La Forêt, in Eysines. It was a so-called "spontaneous" attack, and not small-pox cow-pox. The Medical Officer to the Local Government Board solicited and obtained some of the lymph, and started the Vaccine Establishment at Lamp's Conduit Street. So Dr. Buchanan believes vaccinia to be the dairyman's cow-pox, or pap-pox. It comes to this, then, that we have at least three varieties of lymph circulating in this country, each believed to be the "life-preserving fluid" by eminent authorities—namely, horse-grease cow-pox (Jenner), small-pox cow-pox (Simon and Hutchinson), cow-pox or pap-pox (Buchanan).

One problem the Royal Commission on Vaccination has to solve is, What is vaccinia? If they settle this one point only, their time will not be altogether wasted.

Castor Oil Chocolate.

An interesting item which is going the rounds of the pharmaceutical journals, suggests the palatable administration of castor oil by incorporating it with cacoa. For this purpose finely powdered cacoa, deprived of oil, such as is found in commerce, is used. This is incorporated with the castor oil and a sufficient quantity of vanilla to flavor it is added. Next sugar is added, and the whole ground upon a heated slab. Finally the mass is transferred into moulds, and allowed to become cold.

The following proportions may be used:

Cacoa, free from oil and powdered	50 parts.
Sugar, in powder	100 "
Castor Oil	50 "
Vanilla, in powder	q.s.

The size of the moulds may be such as to require from three to six of the "chocolate drops" to form a dose for an infant.

Treatment of Pigment Spots, or Chloasma, in Pregnant Women.

Dr. M. V. Moreier, in the *Monatsheft für prakt. Dermatologie*, recommends the following salve for the treatment of the pigmented spots, or chloasma, not unfrequently observed in pregnant women:

℞	Cocoa butter	each 2½ ounces.
	Castor oil	
	Oxide of zinc	4½ grains.
	White precipitate . . .	2 grains.
	Oil of roses . . .	q. s.

Dir. Apply morning and evening.

—*Le Bulletin Médical*, October 2, 1889.

Antiseptic Ventilation.

A novel apparatus for filtering and regulating the temperature of air, and, if desired, of sterilizing it, was brought forward at the Worcester meeting of the Sanitary Institute, of England, by Mr. S. M. Burroughs. This apparatus, by means of a revolving fan, blows air to all parts of the building, the temperature being raised in winter by means of waste steam, and cooled in summer by substituting cold water for the steam. The air passes through a coarse strainer to remove dust and floating particles and, when required, is impregnated with the vapor of carbolic acid, eucalyptol, pinol, etc., by means of a suitable mechanism. It is, of course, only applicable in buildings such as factories, where motive power is obtainable; but where that is provided, it is certainly an effectual and economical method of obtaining forced ventilation.—*Medical Press and Circular*, Oct. 9, 1889.

Kehrer's Operation for Depressed Nipple.

In the Reporter, June 15, 1889, we reproduced from the *Annals of Surgery* an account of an operation for depressed nipple successfully planned and executed by Dr. Oxford, of Chicago. Another method of accomplishing the same purpose is that known as Kehrer's, which is described and figured in a communication to the *Lancet*, July 6, 1889, by Mr. G. Ernest Hermann, Obstetric Physician to the London Hospital.

The cases in which this operation is indicated are those in which the nipple lies in a sort of cup, so that it does not project enough above the surface for the child to seize it, but is otherwise well formed. The operation consists in the excision of a ring of skin, or of two crescentic pieces of skin, surrounding the nipple; so that in the healing of the denuded surface the approximation of the internal and external edges of the ring or crescent may so pull upon the skin immediately surrounding the nipple, and forming the cup in which it lies, as to obliterate this cup and render the nipple accessible to the child.

Mr. Hermann states that he has performed the operation twice. One of the cases he has lost sight of, but in the other he is able to judge of the effect of the operation. The patient, thirty years old, has had three children. The first child she suckled with the left breast, the nipple of which was well-shaped and prominent, but not with the right. The right nipple was sunk in a hollow, so that the child could not seize it, and its apex was drawn in so as to form a dimple. In May, 1887, she was delivered of her second child in the General Lying-in Hospital. She suckled, as before, with the left breast, but the child was unable to take the right. Five days after delivery Mr. Hermann performed Kehrer's operation on the right breast. As the dimple on the nipple ran horizontally, he removed two crescent-shaped pieces of skin, one above the other below the nipple, each piece measuring about two inches long by about an inch across its widest part. The patient returned to the hospital to be delivered of her third child in May, 1889. She can now suckle with both breasts. The right nipple, although not so prominent or well-shaped as the left, yet projects enough for the child to grasp it. The object of the operation has therefore been attained.

NEWS.

—Dr. J. Frederick Herbert has removed to 1313 Arch Street, Philadelphia.

—Dr. Robert W. Reid has been appointed Professor of Anatomy in the University of Aberdeen, in place of Professor Struthers, resigned.

—The Metaphysical College of Massachusetts has ceased to exist. It dissolved, as recorded by resolutions of its corporators, on October 29, 1889.

—The Department of State has received a despatch from E. H. Plumacher, United States Consul at Maracaibo, denying most strongly the reports of yellow fever in Venezuela.

—A medical student, of New York, is reported to have manifested his lunacy by the strange freak of eating a portion of the body of a negro which was being dissected.

—On Nov. 12 the American Association for the Study and Cure of Inebriety, gave a banquet to Dr. Joseph Parrish, at Burlington, N. J., in honor of his seventy-first birthday.

—A number of London physicians have organized a "Hypnotic Society," for the purpose of studying hypnotic phenomena, and securing a law prohibiting public séances of hypnotism, mesmerism, etc.

—The new Christ Hospital in Jersey City, New Jersey, was dedicated November 13, by the Rev. Bishop Starkey, of the Newark diocese, assisted by Bishop Quintard, of Tennessee, and a number of local clergymen.

—The Rosemont, Pa., druggist who was convicted at the October term of court at Norristown, of selling liquor without a license and without a prescription, was sentenced, November 11, to pay $500 fine and to undergo three months' imprisonment.

—Dr. William A. Hammond, of Washington, D. C., is conducting a number of experiments in the treatment of epilepsy by localizing the brain lesion, trephining and paring the convolutions. He will publish the result of his experiments in the near future.

—Dr. Robert Duncan, surgeon of the Pacific Mail Steamship *Colon*, has brought suit against the city of Brooklyn for $60,000 damages, on the ground that he had intermittent fever, and the Brooklyn health authorities, acting on the belief that he had yellow fever, had him removed to quarantine.

—The trustees of the Salem, Mass., Hospital have decided to employ a resident physician, and to make the superintendency a non-professional office. This will drop the present superintendent, Dr. George Z. Goodell. It is understood that the position of resident physician will be tendered to Dr. J. P. Fessenden.

—The Board of Health of Detroit has endorsed the crematory from a sanitary point of view, but is somewhat chary about recommending the process for other cases than death from small-pox. A law exists there, which declares that bodies of persons who have died from small-pox cannot be removed for re-burial unless they have been previously incinerated.

—The latest use to which the phonograph has been put is the recording of discussions. Quite recently a paper to be presented at the First District Dental Society of New York State, was privately read and discussed before some Philadelphia dentists in this city, over a phonograph. The cylinders were sent to New York, and the discussion repeated after the reading of the paper.

—The grand amphitheatre of the Paris Faculty of Medicine took fire, October 7, during a meeting of the French Congress of Surgery and damage to about $14,000 was caused. Three immense pictures by Matout were destroyed, one of them representing Ambroise Paré applying a ligature for the first time, valued at $2,000. The bust of Hippocrates, gazed upon by so many generations of students, was also destroyed.

—Dr. Frank S. Billings, lately in charge of the patho-biological laboratory of the State University of Nebraska, has removed to Chicago, Ill., to resume the study of the non-recurrent diseases of children—scarlet-fever, mumps, measles, and whooping-cough. Dr. Billings has fitted up a laboratory in which he proposes to prepare virus for the inoculation of swine against hog cholera, and to continue the study of that subject.

—By the will of the late John Crerar, which was admitted to probate in Chicago November 14, 1889, personal property valued at $3,500,000 and real estate valued at $50,000, was disposed of. To his friends and relations he makes bequests aggregating $1,300,000, and the rest is given to a number of charities, and to erect a colossal statue of Abraham Lincoln. About $1,500,000 is set apart for the erection and maintenance of a public library in Chicago, to be known as the "John Crerar Library."

MEDICAL AND SURGICAL REPORTER

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CLINICAL LECTURE.

PNEUMONIA.—IMPACTED RENAL CALCULUS.—THE "TACHES BLEUATRES" OF TYPHOID FEVER.[1]

BY J. M. DA COSTA, M. D.,

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE IN JEFFERSON MEDICAL COLLEGE, VISITING PHYSICIAN TO THE PENNSYLVANIA HOSPITAL, ETC., ETC.

Gentlemen: The first case to which I shall call your attention this morning is this man, whose present attack began last Monday. After working all day, during which time he was much exposed to the weather, he had a severe chill followed by a fever. This, however, did not prevent his going to work the next morning, but he was troubled with a feeling of great heat, and a pain in the lower part of his right leg and foot. He also complained of a pain in the right side of his chest which was aggravated by coughing and talking. He had no diarrhœa and no epistaxis. On admission to the hospital, he was found to be a large, well-nourished man. His temperature was 101.4°, pulse 90, full and strong, conjunctivæ of a yellowish tinge, skin dark, abdomen scaphoid. Forced inspiration developed considerable pain in the right side of the chest, and there was some dulness near the right nipple, as well as posteriorly, accompanied with marked tenderness. Splenic dulness was increased. The auscultatory signs were blowing respiration and cough. His temperature soon rose after admission to 105.8. He slept poorly, and complained of great shortness of breath. The tubular breathing extended to the apex. In other words he had a spreading pneumonia of the right side. He was given five grains of carbonate of ammonia, and ten drops of digitalis every four hours, and a poultice was applied to his right side.

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[1] Delivered at the Pennsylvania Hospital.

There is no doubt as to the diagnosis. The tubular breathing and dulness, the yellow countenance, the pain and difficult respiration all indicate the presence of pneumonia. His sputum was muco-purulent, tenacious, but not rusty-colored. Now I have told you of the early fever history of the case, but I want to call your attention to a drop in the temperature that took place on the third of the month. From a temperature of 103.5° on the evening of the second it dropped the next morning to 98°, and from this on, with one single exception on the evening of the fifth, when we have a temperature of 101.4°, it has ranged about normal, or, in fact, slightly subnormal. Coincident with this extraordinary drop of temperature there has taken place a gradual diminution of the signs of consolidation of the right lung, but it is evident that the temperature had fallen before this change in the lung had commenced. His temperature this morning is only 97°. We have, then, here a case, where a cure has taken place in pneumonia though the physical signs as yet do not indicate complete resolution. The yellowness of the skin has largely disappeared. This morning we find no longer any bronchial breathing; it is gone. There are some sub-crepitant rales on inspiration, with prolonged expiration. Around the right nipple there is still a faint bronchial sound, and some dulness, as you notice; that is, at this point the consolidation has not yielded. The man is practically convalescent. His pulse for the last few days has been only 58 to 60. Under these circumstances we will suspend the administration of digitalis. He is now taking five grains of carbonate of ammonia every third hour. Considering that all febrile phenomena have passed away we might with advantage stop this and place him upon the iodide of ammonia, five grains every third hour. There is a little cough still remaining, so we shall add to this two drops of the deoderized tincture of opium, enough to allay the irritation. His expectoration is still muco-purulent. We shall increase his diet and give him a little meat. The sixteen grains of quinine which he is taking at present we will cut down to eight. His urine has contained no bile during the febrile state, but there was a trace of albumin which has now disappeared. There has been no special examination made for the chlorides.

There are two points in this case that impress me, and may interest you. These are, first, the diffused pains, the pains in the extremities being marked; and secondly, the absence of rusty-colored sputum; and thirdly, the termination of the case by crisis. I will consider these points separately.

Firstly, the man was seized with a chill, followed by pain in the chest and pain in the lower extremities. Diffused pain in pneumonia is very common. I have known cases where the pain was referred entirely to the region of the ileo-cæcal valve, and I have known instances where it was entirely in the extremities, as in this case. I do not want you to be deceived by such cases and have your attention led away from the chest. These pains are often misleading.

Secondly, this man has had no rusty-colored sputum. This only proves that this symptom is not a necessary accompaniment of pneumonia. Otherwise there is nothing of importance attached to the fact.

The third point is the termination of the disease by rapid dropping of the temperature, that is, by crisis. Very frequently on a certain day, between the seventh and the ninth generally, we have a rapid drop of temperature, while the physical signs show that complete resolution has not taken place. If after this fall it rises again, the case is not doing well and the prognosis is grave. The history of this case is a little uncertain as to dates, and I do not know what day this drop occurred, but it was about a week after the chill, so it comes within the range I have laid down.

I will next show you a case with the following history: There is nothing of special note in his past history. He has always been healthy up to the present attack. There is no venereal history. In July last he commenced to pass bloody urine. This was accompanied at first with no pain, but in about a week's time he complained of a dull, aching pain in the lumbar region, followed shortly by excruciating pain in the right kidney and radiating down the right ureter. This lasted twenty-four hours. His urine then cleared up. A severe chill preceded this attack. Eight weeks ago he had another attack of pain with bloody urine, and the urine has remained bloody since. He suffers from headache. He urinates freely every two hours with no pain, nor is the flow ever checked. He has passed several clots. He has some cough and expectoration, but no diarrhœa. His temperature was 99.2°, pulse

75, respiration 17. His tongue was large, pale, and œdematous on admission upon the fifth of November. The examination of the heart and lungs was negative. His abdomen was markedly tender over the course of the right ureter and there was tenderness over the right kidney. His urine was a dirty red color and contained some granular and bloody casts, some albumin and a large increase in the phosphates. No stone was discovered in an examination of his bladder.

This morning he has pain in the right side along the course of the right ureter and over the right kidney. There is tenderness on pressure. He has a little pain on the left side and over the left ureter, but not so severe as that over the right side. I cannot find any swelling or tumor upon either side. Then there is no increased dulness in front. The liver dulness is normal; the splenic dulness extends just to the margin of the ribs. The patient's tongue is flabby, marked with the teeth, and slightly coated. His pulse is compressible. The heart sounds are normal. Upon questioning him I learn that his pain is a steady one. He has never had more than the two attacks and has never passed any calculi. His first attack came on after heavy working in the harvest field. He has never had chills and fever; and this is an important point.

Now what is this case? There are two or three possibilities. It may be a bleeding from the bladder, but this is most unlikely. Healthy people do not bleed from the bladder except there be a local cause, as stone. This can here be set aside. If there should be the least evidence of scurvy or purpura, we might account for the blood as coming from the bladder; but these do not exist. The kidneys must therefore be the seat of the hemorrhages, and the large amount of albumin and the presence of bloody and granular casts proves that the man has hematuria of a renal origin. Now what does this mean? When we have a case of bloody urine, the cause of which we have clearly traced to the kidney, our first duty is to exclude scurvy and purpura, which we have done. Another point at once then arises, and especially in laboring men, and that is the possibility of the hematuria being due to malaria. This condition often gives rise to bloody urine, particularly at this time of the year. But this man has shown no malarial symptoms whatever, and the fact that he has had only two attacks of hematuria, with an interval of several weeks between them, excludes this factor. The same conclusion may be reached with regard to the presence of the parasites, which at times produce bloody urine. There is nothing of that kind here.

There are still two propositions to be considered. The case may be one of cancer of the kidney, for bleeding occurs in cancer at irregular intervals; or it may be due to an impacted stone. I think it is the latter. The long interval between the attacks of pain is against the diagnosis of cancer, in which case the pain would be more constant. Then the man is not emaciated sufficiently to confirm the presence of cancer. So, reaching the diagnosis by what we call the method of exclusion, we have come to the conclusion that this man has an impacted calculus of the kidney. If this be correct, which kidney is affected? He has pain on both sides. More than one distinguished surgeon has cut down upon the wrong kidney. Often calculus of the kidney will set up a pain upon the opposite side, through sympathy, which may be worse than the primary pain. But as this man has complained of severe pain in the right side and along the course of the right ureter, I think the stone is in the right kidney. We will keep the man in bed and watch the urine for a fragment of the stone, which I think is probably phosphatic from the history.

Now as regards the treatment, we will consider the medical treatment first. A phosphatic stone requires rest in bed, a diet of the mildest kind, comprising broths, a large amount of milk, farinaceous foods, a liberal supply of drinks, not alkaline, such as plain water, weak lemonade, flaxseed tea, and ginger tea. In addition to this, we will give him dilute muriatic acid, twenty drops three times a day, and every morning and evening a pill containing $\frac{1}{12}$ grain of the extract of belladonna with oil of juniper. We give the acid to dissolve the stone if possible, and to render the urine less alkaline. We give him belladonna to favor the passage of the little fragments broken off. Patients who suffer much from calculi are apt to know this, and keep a supply of belladonna on hand. The juniper is a diuretic, and also has a happy influence upon people who have calculi in the kidney. One of the principal ingredients of many patent medicines for this condition is juniper. The surgical aspect of the case we will leave for discussion until after we see how he gets along under medical treatment.

The next case is a man who has just been admitted. He is an Italian and gives no history. That he has typhoid fever we know. He has diarrhœa and had a temperature of 105° last night. He was sponged with tepid water and alcohol under a blanket. This reduced the temperature one degree in an hour, and was repeated twice, the temperature falling to 101.4°. We could not have had better results from phenacetin or any antipyretic. But I show him to you to show a very rare eruption in typhoid fever, the blue spots or "taches bleuâtres" of the French. These are coarse and larger than the red spots of typhoid fever. They are modified distinctly by pressure but do not disappear. They exist on the abdomen, but more particularly upon the lower part of the left chest. Now I do not know that they are of any very great importance beyond their occurrence, but they are never seen in light cases. They bespeak an alteration in the character of the blood. They have not the regular type of the red spots. The patient's temperature this morning is 101⅖. He had two stools during the night. He is taking half an ounce of whiskey every second hour, quinine four grains morning and evening, twenty drops of dilute muriatic acid every third hour. This is a case for free acid treatment, just on account of the condition of his blood. We shall continue the sponging as needed. He is on a milk diet, four ounces of milk every second hour, day and night, forty-eight ounces in the twenty-four hours. In addition to this we will give him a pint of beef broth.

◆

Massage in Rickets.—Dr. Silfverskiöld speaks very favorably of massage in the treatment of rachitis. He begins with the lower extremities, using considerable pressure in a direction from below upward, and making energetic passive movements of the ankle, knee, and hip-joints. He then passes to the abdomen, thorax, neck, and upper extremities, exciting increased respiratory movements by making pressure on the chest. Each séance lasts for from ten to fifteen minutes, and the treatment is continued through a period of from four to six weeks. At the beginning, the patient usually complains of pain during the manipulations, but this soon passes away. The author claims to have obtained excellent results in a number of cases.

COMMUNICATIONS.

FLAP-SPLITTING IN PERINEORRHAPHY, WITH SPECIAL REFERENCE TO TAIT'S OPERATION.[1]

BY X. O. WERDER, M. D.,
PITTSBURGH, PA.

The perineum has always been a very fertile field for the surgeon. Numerous operations have been devised for restoring this structure to its normal anatomical condition. Nearly all of these operations have had this in common, that they started out by removing the old cicatricial tissue, and very often also healthy tissue, causing really a new defect for the purpose of covering an old one. With the progress of plastic surgery, by the formation of flaps in other regions of the body, surgeons commenced to transfer this method of operating to the perineum. Diffenbach, I think, was the first to suggest the covering of the defect by flaps. He says:

"In those cases where there is a considerable loss of substance, the transplantation of an adjoining piece of integument may be resorted to—*i. e.*, a plastic operation may be attempted." (Marcy: The Perineum.)

To Langenbeck, however, belongs the credit of having originated and practiced splitting the recto-vaginal septum, forming two flaps—one anterior and one posterior—and utilizing them for the purpose of making a new perineum. This method is described by Verhaeghe and Biefel (Hegar and Kaltenbach: *Cyclopædia of Obstetrics and Gynecology*) as follows:

"*Langenbeck's Perineosynthesis.* — Two fingers of the left hand in the rectum stretch the parts transversely, and a narrow strip of the entire thickness of the vaginal wall is then removed with curved scissors. A flap, rounded below, is cut in the posterior vaginal wall and dissected, in an upward direction, from its base, the recto-vaginal septum being thus divided into two lamellæ. The posterior lamella remains *in situ* and serves to close the rectum; the anterior lamella is drawn forward and united to the anterior portion of the new perineum, where it is to form a surface running obliquely downward. A quadrilateral space is described upon the inner surface of each lip by means of a scalpel, and is freshened by dissecting a layer of tissue about a line in thickness. Anteriorly, the incision begins where the posterior commissure of the vagina ought to be; posteriorly, it passes into the denuded septum on both sides. The entire denuded surface is about one and one-half inches long by three-fourths of an inch wide.

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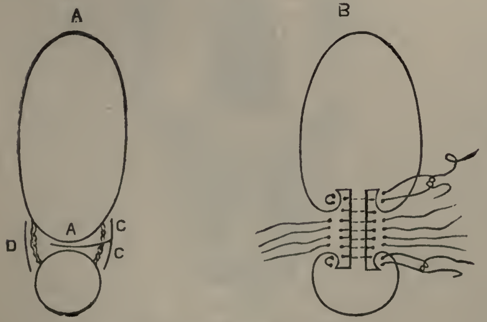
[1] Read before the meeting of American Association of Obstetricians and Gynecologists in Cincinnati, Sept., 1889.

"The sutures toward the rectum are first introduced, then the flaps of the vaginal wall on both sides are united to the anterior part of the new perineum by two or three sutures. Finally, the fissure in the perineum is united from before backward."

Though this operation is now obsolete, it being complicated, somewhat difficult to understand from a mere description, and probably not as successful in its results as the modern ones, it was certainly a great advance over the methods of operating at that time—about forty years ago. It certainly does great credit to its originator, as the principle of it was correct and is now underlying all the flap operations of the present day.

The modification of Langenbeck's perineosynthesis by Wilms, Bischoff, and Staude, do not materially differ from the old operation, except that they are simpler in their technique and based on more scientific principles; but as they are, like Langenbeck's, not pure flap operations, I will not go into their details.

Fig. 1.



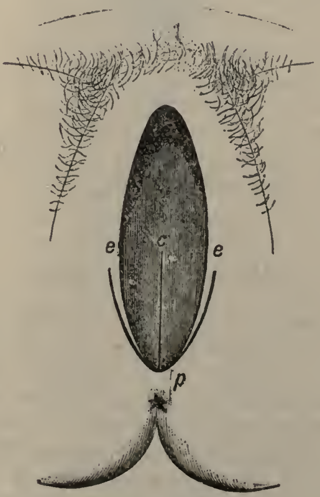
Method of Voss, taken from Sänger.

Voss's Method.—To Voss, of Christiania, belongs the credit, according to Sänger, of having first devised and performed a pure flap operation—that is, an operation in which no tissue is removed, but in which the defect is closed by the formation of flaps. He performed his first perineorrhaphy in 1865, and described his method, illustrating it by two plain but good diagrams, in the *Transactions of the Medical Society of Christiania*, of the year 1870. (Sänger: *Centralblatt für Gynäkologie*, No. 47, 1888.)

In complete lacerations, he separates the rectum and vagina to a depth of about one-fourth of an inch (Fig. 1, *a*), then a semicircular incision is made on each side of the septum recto-vaginale between skin and cicatricial tissue (*b*, cc). A straight knife is now introduced and carried beneath the whole cicatrix until its point appears at the first incision (*a*), then cutting through the whole septum until you have two distinct flaps—anterior and posterior—the anterior flap forming the vagina, and the posterior the rectum. The vaginal flaps are sutured from above, the rectal flaps from the rectal surface, and the intermediate raw surface is united by perineal sutures, as seen in the diagram.

This method, which is really the prototype of all the modern flap operations, does not seem to have been very successful; for, of the four cases reported by Voss himself and his follower Nicolaysen, two of them were succeeded by recto-vaginal fistula.

Fig. 2.

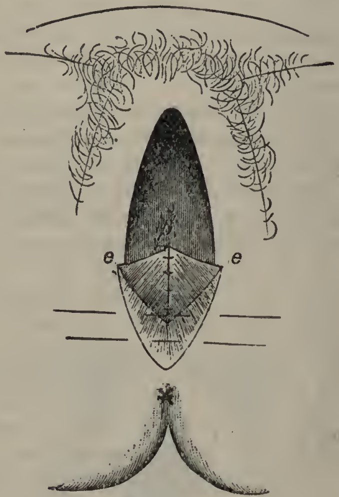


Simpson's method.
Incomplete rupture of perineum.

Much simpler in technique and followed by better results is the method of Simpson, of Edinburgh, the first record of which is found in Hart and Barbour's work on Gynecology, first edition, published in 1882. The authors give to John Duncan, of Edinburgh, the credit of originating it.

Simpson's Method.—In incomplete ruptures an incision is made in the median line of the columna rugarum at the point *c* (Fig. 2), carried down to the ruptured perineum, p, then two lateral incisions are made, starting at point p, to the inner surface of the labium minus on each side (Fig. 2, *ee*). The two triangular flaps thus formed are now dissected free and turned up (Fig. 3), so that the points (*p*) will form the new commissure of the vagina; they are then united by silk or wire sutures, which are tied on the vaginal surface of the flaps. Two or three perineal sutures are then passed to close the cavity left between vagina and rectum. (See Fig. 3.)

Fig. 3.



Simpson's method.
Incomplete rupture of perineum.
(Taken from Hart and Barbour.)

In complete ruptures the recto-vaginal septum is divided by an incision at point *S* (Fig. 4), carrying it outward to point *1*; then another incision is made from point *a*, at the lower edge of the labium minus, parallel to the labium majus, meeting the other incision at point *1*, and continuing to *p*, at the end of the torn sphincters. The same is repeated on the other side. After dissecting off the flaps thus outlined by three incisions, we have formed four different flaps—two vaginal (Fig. 4, *a 1 S* and *a 1 S*), and two rectal (Fig. 4, *S 1 2 p* and *S 1 2 p*). The vaginal flaps are turned up toward the vagina so that the points *1 1* meet and form the posterior commissure of the new vagina, as in Fig. 5, and united as in previous operation, by silk or wire sutures knotted on the vaginal surface of the flaps, and the sutures are left long so as to protrude from the vagina. The rectal flaps are now turned back into the rectum so that points 2 2 meet, as in Fig. 5, and united the same way as the vaginal flaps knotting the sutures in the rectum, but choosing catgut preferably for suturing material. The sutures are cut short. We have now finished the repair of vagina and rectum; it remains, however, to close the raw, open surface between rectum and vagina by deep external silver-wire sutures, as in the incomplete operation above

Fig. 4.

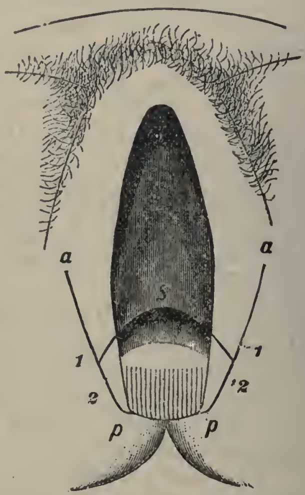
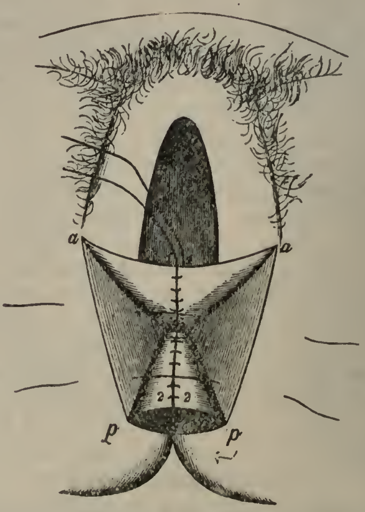


Fig. 5.



Operation for complete lacerations of the perineum.

described. The perineal sutures are not knotted, but tightened by button plates. The edges of the skin are united by a few superficial sutures.

This operation is not only very popular in some parts of England, but has found advocates among some of the most prominent gynecologists of the Continent, especially in Germany, by whom it is preferred to all other operations, and particularly so for cases of prolapsus uteri, as it is said to form a very firm recto-vaginal septum. In ten out of eleven cases of complete procidentia reported by Sonntag,[1] he obtained excellent results, in the eleventh case a small portion of the perineum healed by granulation. Zweifel and Hegar also recommend this operation for prolapse cases.

In 1887, H. Fritsch described, in the *Centralblatt für Gynäkologie*, vol. ii, page 473, a method of operation for complete ruptures of the perineum, which has given excellent results and which presents many advantages over other operations.

Fritsch's Operation.—After separating the rectum from the vagina, by an incision through the recto-vaginal septum about one and five-tenths centimeters deep, until both organs are freely movable independently of each other, he frees the stumps of the sphincter ani muscle on both sides, and then, passing a ligature through each one temporarily, he pulls them down, restoring thereby the natural condition of the rectum. The everted rectal mucous membrane is by this means generally turned into the lumen of the bowel, so that the freshened surfaces of the flaps come in contact with each other. When the vaginal flaps are also drawn up we notice two distinct rents in the flaps, the upper, or vaginal, being considerably longer than the lower, or rectal. The rectum is closed by interrupted catgut sutures which are inserted from above—*i.e.*, on its vaginal surface, care being taken not to puncture the rectal mucuous membrane. The knots become buried in the wound; this is done in order to prevent the passing of fecal matter or flatus into the wound. When the ends of the sphincter muscles, through which the temporary silk ligatures have been passed, are reached, the ligature is removed and replaced by a catgut suture. The vaginal flaps are also united by catgut sutures. The remaining perineal wound is closed by two or three deep sutures introduced from the perineal surface, as in Simpson's operation.

The principal difference between the last two operations is, that in the latter the cutting is strictly confined to the recto-vaginal septum; it only requiring one incision, which is more or less transverse, and that the rectal sutures are passed from the vaginal sides of the rectal flaps. Of the two, Fritsch's operation is, therefore, the simplest in technique, and its results seem to be all that can be desired.

Marcy's Operation.—The operation devised by one of our fellows, Dr. Marcy, which he first described at the meeting of the American Medical Association in 1883, is also based upon the principle of flap-splitting.

"The sphincter having been stretched and the bowel thoroughly emptied, two fingers in the rectum, the posterior third of the vagina is separated, with knife or scissors, from its vulvar attachments. The recto-vaginal space is easily found without much loss of blood, and the dissection of the vagina from the rectum is carried into the lateral sulci as far as may be judged sufficient. The separated flap is lifted and held by an assistant; then I introduce a large curved needle, the eye near the point, armed with tendon, deeply from side to side; the opposite end is threaded, and the needle withdrawn, carrying the tendon with it. The suturing is continued in this way, until the required number of stitches are taken. . . . Usually, four or five stitches are required to unite the posterior vaginal fascia, and then the separated ends of the perineal muscles are included in the deep sutures. Any other needle and stitch may be used, but I prefer the one above mentioned.

"If the ends of the retracted perineal muscles seem tense when united, I use the lateral supports, applying one or two pins, as heretofore described. These serve simply to retain at rest the coapted parts, and lie parallel to the anus outside the sutures. If the operation is aseptic, the after-treatment is simply rest in bed, and the cure is complete."

The peculiarity of Marcy's operation, therefore, is not so much his method of preparing the flap, as is his method of suturing, which is by buried catgut or kangaroo tendon, supported externally at the perineum by his double pins, when found necessary. It is a method equally simple and successful, because based on sound anatomical principles. For a further description of the operation, I refer to Dr. Marcy's excellent paper on "The Perineum," read before the Association of Obstetricians and Gynecologists at its first annual meeting.[1]

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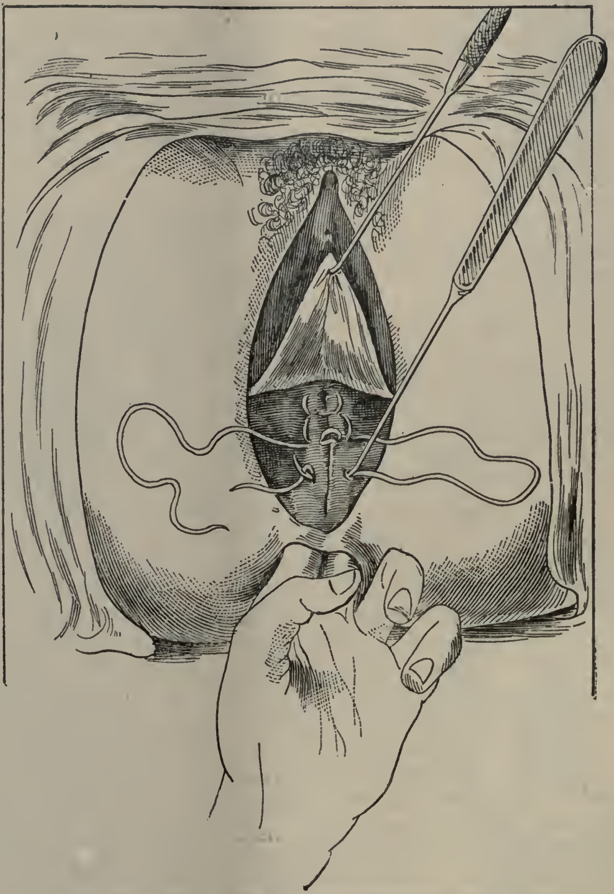
[1] Sonntag, in Verhandlungen des III. Congresses der Deutschen Gesellschaft für Gynākologie, Freiburg, June, 1889; Centralblatt für Gynākologie, page 500.

The operations of Voss, Simpson, and Fritsch, and, to some extent, also that of Marcy, all have this in common, viz., that the sutures are introduced from three different sides for the closure of the raw surface made—namely, from vagina, rectum, and perineum—and in this they do not differ from the old triangular operation. This, however, is much simplified by Tait's new perineal operation first described by Sänger in Volkmann's *Sammlung klinischer Vorträge*, 1887. (Ueber Perineorrhaphie durch Spaltung des Septum recto-vaginale und Lappenbildung.) In this operation only one kind of sutures is employed—namely, perineal sutures—both in incomplete as well as in complete lacerations. Lawson Tait first described his method of perineorrhaphy by flap-splitting in the *Transactions of the Obstetrical Society of London*, vol. xx, page 291, 1879. Since then he has repeatedly modified his operation, so that his newest method hardly resembles the one first described by him. According to Meinert,[1] there are no less than four different modifications of the operation made by himself. They are, however, all based on the one principle—namely, to restore the perineum to its former anatomical relations by splitting the old cicatrix, but without removing

FIG. 8.



Represents the uniting of the widely separated transversi muscles by the double continuous, buried, animal suture. The posterior vaginal wall is lifted and held by an assistant.

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[1] See Transactions of the American Association of Obstetricians and Gynecologists, vol. i, page 69, 1888.

[1] Centralblatt für Gynäkologie, vol. xii, page 649.

any tissue. The older operations have been known and practiced in this country for some time, but the new and latest operation seems comparatively unknown—at least the only references I could find to it are in the *American System of Gynecology*, by Howard A. Kelly, and by Hadra, in his book *Lesions of the Vagina and Pelvic Floor*, and they both took their descriptions from Sänger's pamphlet. Paul F. Mundé is the first American to describe the operation minutely, and based on his personal experience of seventeen cases, in the *American Journal of Obstetrics*, July, 1889, illustrating it by excellent woodcuts and plates. In Europe, especially in Germany, this new method has attracted considerable attention since Sänger's publication and has found many advocates among the best authorities, as Zweifel, Martin, and Winiwater. Induced by these publications and the high recommendation it received from such reliable sources, I tried it for the first time about eight months ago, the case being a complete rupture of the perineum. The result was so highly satisfactory that I have since operated on every case presenting itself to me by Tait's new method.

[TO BE CONCLUDED.]

BRAIN ABSCESS OPENING INTO NASO-PHARYNX; WITH RECOVERY.[1]

BY L. B. GILLETTE, M. D.,
OMAHA, NEB.

As the results of the case I am about to report is so unusual, I hope you will forgive its imperfections. I do not know that I have ever heard, or read, of a case of brain abscess recovering without surgical interference. Possibly you have; possibly you have seen them. If so, I can assure you that they are one of the rarest surprises of a doctor's life. We frequently make a favorable prognosis and get badly disappointed; but in such cases, when you are compelled to make the worst possible prognosis, how delighted you feel that your patient is getting well in spite of you and your endeavors. I possibly may be wrong in my diagnosis, although I am supported in it by two other physicians. But I think you will be convinced by the history of the case, and its terrible results.

Dr. Nancrede, of Philadelphia, says: "Various cases have been reported in which the pus from cerebral abscesses has found its way, by ulceration through the bones, into the nasal fossæ or ear, recovery having ensued. The amount of pus and the suddenness of its discharge have been the arguments chiefly relied upon to prove the cerebral origin of these abscesses, when recovery has taken place. I have no doubt myself, that some of these have been really cases of circumscribed intra-meningeal accumulations, although in a few, *post-mortem* examination has demonstrated their cerebral origin."

Last October a lady called at my office, wanting some medicine for her son, saying that he had malarial fever. On inquiry I found that she had got her diagnosis from a charlatan across the way, who had been treating the young man for several days. I had not asked many questions before I became satisfied that the case demanded personal attention. The next morning (October 26) I called, and you may well imagine my surprise when I found a case of inflammation of the brain staring me in the face. The following is the history as it was given to me:

"G. A., aged 20 years, farmer by occupation, above the average size and weight, strong and healthy. During the early part of September he was working on an embankment with a wheel-scraper. While driving along with it loaded, it, in some way, became unlatched and the handle, in flying up, struck him forcibly under the chin, knocking him down a sixteen-foot embankment, where he lay unconscious for twenty or thirty minutes. After regaining consciousness he remained around in a dazed condition for an hour or so, then went to work again, thinking he was all right. About a week afterwards, for several days he noticed that something was wrong with his eyes, and said that he could not look at anything steady. Sometimes he would look at a bird flying and it would look as if it were two birds, and that it would wobble around; on looking at a post in the ground, for instance, it would not keep still, but would dance up and down and sideways. He especially noticed this peculiar condition with the right eye, and moreover, could not see as well out of it as with the left. About the 15th of October he went to work in a brickyard, worked there three days, and complained of being nervous and of having a slight headache. On the evening of the third day he got soaking wet in a rain, went home cold, and had a chill, followed by fever. His mother gave him a purgative and quinine. He was better the next day. The following day he had another chill, followed by high fever, when they decided to call a doctor, who, as I said before, pronounced it malarial fever. On my advent into the case, I found the young man suffering with intense headache all over the head, the pain extending down between the shoulder blades, and particularly into the right arm. Both pupils were widely dilated. He had the room darkened, as he said the light hurt his eyes. On opening the door I noticed no response of the right pupil to light. The left one only slightly. His temperature was 101°; his pulse 105. He was very irritable. I readily recognized that I had an inflammatory condition to deal with, and made up my mind it was the result of his injury six weeks before.

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[1] Read by title at the Seventh Annual Meeting of the American Rhinological Association, Chicago, October 10, 1889.

The next day I brought with me to see the case another physician, not to hold a consultation, but that he might see it, as it was such an interesting case.

Since the recovery of the patient I have been provoked many times to think that I was so careless as not to take each day minute details of it for future reference, but it is so well impressed upon my mind that I can give you all the important points. To my surprise the inflammation did not get worse, nor did the young man die within thirty-six hours, as I had predicted, as well as the other doctor. But there gradually developed within the next three days the most marked case of compression of the brain I ever saw. His temperature went down to 96°; his pulse as low as 42; his respirations to 9 or 10; and there was complete paralysis of the right side, partial of left, and complete loss of sensibility, with complete loss of consciousness. He gradually became indifferent to light and finally lost the sense of sight and the sense of hearing. He remained in this condition three or four days without any perceptible change.

Why did I not operate? I will tell you. I was satisfied that the abscess was so deep within the brain substance that he would surely die if I did, and I felt sure he would die if I did not; and, as the family thought he was sure to die anyway, they relieved me very much by saying that they did not want their boy cut up by a lot of doctors. Fortunately, for him, the act of swallowing was not interfered with, and by placing nourishing and concentrated food in his mouth, he would swallow it, and he got his food and medicine regularly. Imagine my surprise one morning on finding my patient much improved. The mother told me that during the night he had a violent attack of coughing and showed me what he spit up. It was about an ounce of green, stinking pus, with mucus. From that time he began to improve. There was immediately a return of consciousness, a quickening of the heart's action and respirations. I examined his throat and found that the pus came from above. I examined the Eustachian orifices and saw that no pus came out of them, but that it came from above still farther, and that on leaning forward it would come out of the anterior nares. The discharge lasted two weeks. Where it came from exactly, or how it got through, I never could tell. My opinion is in favor of the ethmoidal and sphenoidal sinuses. As a result of my patient's terrible ordeal, he was when I saw him three months ago, totally blind in both eyes, the sense of hearing was lost in the right ear, he has no use of his right arm, and his mind is not what it was. Could he have these results without some destruction of the brain tissue proper? Could he have the same results from an intra-meningeal accumulation?

You probably want to know my treatment. I can assure you I did not do much. At first I used the regular antiphlogistics, such as opium, mercury, quinine, cold applications to head and cupping the back of the neck, and the triple bromides as they were indicated. But as soon as I had well marked compression, I began using eighty grains of iodide of potash each day, and kept it up for thirty days. In fact, I began with the iodides the second time I saw him.

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Do not waste Alcohol.—The alcohol used in washing microscopical sections, and in many other operations, should not be thrown away, but placed in a bottle labeled "old alcohol," and used in the alcohol lamp, for washing balsam off of slides, for hardening animal specimens, and for numerous other purposes which will suggest themselves.

LAPAROTOMY FOR INTESTINAL OBSTRUCTION.[1]

BY CORNELIUS KOLLOCK, A. M., M. D.,
CHERAW, S. C.

Intestinal obstruction, once regarded as one of the great bugbears of the profession, may be now said to be shorn of much of its terrors, and to rank with hitherto insurmountable difficulties that are every day being relieved by laparotomy. The danger of opening the peritoneal cavity, and thereby producing fatal peritonitis, has been a cherished dogma taught in the medical schools of all countries. It is not a little singular that medical men should so long have been wedded to this belief, whose experience should teach him that the peritoneum is as little liable to take on inflammatory action as any other tissue of the body, if not less liable, and that when it does become inflamed, this inflammation is always symptomatic, and depends on some pre-existing cause. Chomel, than whom there can be no more reliable authority in pathology, said more than forty years ago that he had never seen a case of idiopathic peritonitis. While few in modern times have been so bold as to dare gainsay the opinion of this learned pathologist, yet many have been slow to adopt the idea, and still more slow to act upon it. Even after the intrepid McDowell came to the front, and, impelled by his robust moral courage, opened the peritoneal cavity with the view of removing cysts, there were those in the profession, both in this country and in Europe, who were more disposed to condemn the operation than to extol McDowell for his brilliant surgical exploit. While this proved that the peritoneum can be divided with impunity, there was still many a "doubting Thomas." Some of them were of strength and prominence in the profession, who could not divest their minds of the old idea that a wound of the peritoneum was necessarily fatal. McDowell's success gave quite an impulse to abdominal surgery, and many who had previously stood aloof came forward as advocates of laparotomy. But it had to move slowly and cautiously. Both in America and Europe it was condemned. The celebrated Dieffenbach said, as late as 1848, that "any man who would open the peritoneal cavity was no better than a murderer, and should be placed in the criminal dock and tried for his life." But in time a change came over the spirit of the dream of even the Nestor of Continental surgery, and Dieffenbach's views as regards abdominal surgery were so modified that a short time before his death he expressed the opinion that ovariotomy might be justified where there was good assurance that the cyst had not formed adhesions with the adjacent tissues. If he had lived longer it is probable that he would have been a successful ovariotomist and a strenuous advocate of laparotomy.

While the history of ovariotomy for the past twenty or thirty years has established the fact that the peritoneal cavity can be entered with safety, and admitting that it can be divided without serious consequences for the removal of a neoplasm, there still exists with many a hesitancy and dread in resorting to it for the relief of intestinal obstruction. But the cautious and patient researches, and the brilliant results of operations of Leichenstern, Bulteau, Rafinesque and Peyrot on the Continent, and those of H. O. Thomas and Frederic Treves, of England, and R. H. Fitz, of our country, have, in the minds of all thinking men, established laparotomy for intestinal obstruction as an authorized and legitimate surgical procedure. The time, we trust, is near at hand when no intelligent surgeon will hesitate to open the peritoneal cavity for the relief of intestinal obstruction when assured of the mechanical nature of the obstruction, and of the strength of the patient to stand an operation of as much severity.

A brief report of two cases that came into my hands recently will illustrate not only the necessity of a resort to laparotomy in all such cases, but the importance of the operation being done as early as practicable. To dally with the case day after day till the patient's strength is exhausted, and a high grade of peritonitis has set in, is to throw away precious time, and to rob the patient of nearly all chances of recovery.

Case 1.—A stout, healthy lad, 18 years old, was seized on the night of August 12, 1888, with a violent pain near the umbilicus. A physician was called, and various remedies were used, such as sinapisms to the abdomen, enemas and large doses of opium, but with no relief. I first saw the case at 6 P. M., on

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[1] Abstract of a paper read before the Southern Surgical and Gynecological Association, November 13, 1889—with an additional case.

August 13, twenty hours after the attack. He was almost in a state of collapse, bathed in a cold, clammy perspiration, and the pulse quick and feeble. Stercoraceous vomit had occurred twice. The enemas brought away nothing except what lay below the point of strangulation. The abdomen was greatly distended, and tympanitic. Feeling assured that there was internal strangulation of the bowel, I at once determined to resort to laparotomy. An incision of three inches was made in the linea alba, below the umbilicus. As soon as the peritoneum was opened, a coil of intestine, heavily congested, of a purplish color, made its appearance. Just at this point the strangulation was found. A diverticulum about three inches in length, and attached at its extremity by a shred of fibrous tissue to the mesentery where it joins the gut, formed, with the ileum, from which it sprang, a loop, through which the coil of intestine had slipped and become strangulated. The portion of intestine confined was released by simply dividing the fibrous band and setting free the end of the diverticulum. This afforded immediate relief from pain, and in a short time there were one or more movements of the bowels, and large quantities of offensive gas and fecal matter were discharged. This patient made a quick recovery, and has enjoyed uninterrupted health since the operation. A delay of a few hours would have proved fatal in this case. The bowels above the strangulation were highly congested, and of a dark purple color. The patient's strength was failing rapidly from the violence of pain, excessive vomiting, and the want of nourishment.

Case 2.—A young man, 25 years old, whose general health had always been good until sometime during the month of November, when he had violent attacks of what was called bilious colic—a very unmeaning term, which should be expunged from medical nomenclature. The pain was in the lower portion of the region of the liver and around the umbilicus. Several times during the latter part of November and during the month of December, a number of gallstones were passed, varying in size from that of the head of a pin to that of a pea. This was, of course, accompanied by violent pain, such as was experienced in previous attacks. On the night of January 2, 1889, there was another attack, more violent and distressing than any of a previous date. The physician called, supposed it was a similar attack to those of former occasions, and resorted to the treatment that had previously afforded relief. The pain, though to some extent paroxysmal, was very intense all the time, notwithstanding that morphia was administered in half grain doses every hour or two for more than twelve consecutive hours. Immense doses of purgative material were administered, in the shape of castor oil, Epsom salts, olive oil, rhubarb, and calomel, with no benefit, but doubtless with more or less injury. In the afternoon of January 4, about forty hours after the attack, stercoraceous vomit came on and the patient got rid, through the mouth, of large quantities of fecal matter, fluid, and offensive gas. This afforded more relief than all the anodyne, and the patient was able to take some milk and a little chicken broth, with apparent relish. But in the course of a few hours vomiting returned, and the milk and chicken broth were thrown up in a crude and undigested state, along with more stercoraceous matter. This condition of affairs continued until 5 o'clock on the morning of January 7, 1889, nearly five days after the commencement of the attack. It was then I first saw the case. There was no doubt in my mind, nor was there any doubt in the mind of the attending physician, as to the nature of the trouble. The whole abdominal region was greatly distended, from the ensiform cartilage to the pubis, and there was much tenderness. Pulse 140 and weak, temperature 104°. In this emergency, what was to be done? To leave the patient as he was, was simply to turn him over to death. Laparotomy, severe and dangerous under far more favorable circumstances, was the only procedure that offered any hope. This could not promise more than one chance in fifty, in the condition the patient was then in. The consent of the family was readily obtained, and the patient was anxious for the operation. At 6 A. M., on January 7, 1889, I opened the peritoneal cavity by an incision of three inches in the linea alba, about one inch below the umbilicus, and search was made for the cause of the obstruction. The colon had become twisted on itself, and a knuckle of bowel had slipped through a slit or aperture in the omentum; and in addition a roll or band of omentum was pressing firmly upon it. The band of omentum was divided, the bowel drawn out and untwisted. This removed the cause of obstruction, and there was soon an audible explosion of offensive gas, followed in a short time by a discharge of fecal matter.

This operation was in itself a success, and the patient may be said "to have died cured," for the obstruction was removed and all pain had entirely disappeared. Death took place thirty hours after the operation, from exhaustion.

What would have been the chances of this unfortunate young man, had the operation been performed earlier, is a question difficult of solution. Being young, with good habits and good health, it is my opinion that if the operation had been done three days earlier, about the time of the first appearance of stercoraceous vomit, he would stood as good a chance for recovery as any one who undergoes the operation of laparotomy.

Case 3.—A strong, vigorous man, 44 years old, of good general health, with the exception of occasional attacks of indigestion, consequent upon torpor of the liver, was seized October 11, 1889, with violent pain in the bowels. I saw him on the 13th, about forty-three hours after the attack. His abdomen was much distended, tender, and tympanitic, and stercoraceous vomit had occurred twice at intervals of two hours. The cavity was at once opened by an incision of four inches. The abdominal walls were very thick from a superabundance of adipose tissue, which somewhat embarrassed the operation and made the incision longer than would have otherwise been necessary. As soon as peritoneum was divided a mass of intestines much distended and highly congested protruded. The obstruction was found in the ilio-cæcal region—was an intussusception or invagination of the bowel. It had evidently not existed very long, as no adhesions had been formed. It was easily reduced by drawing out the invaginated portion. After the obstruction was removed, there was no effort at defecation. This was evidently due to a partial paralysis of the bowel, caused by overdistention, impairing the contractile power necessary to establish peristatic action. By the use of the aspirator the gas and fluid were removed from the intestine, and then by pressing gently with my hand along the track of the intestine the fecal mass was started, which soon made its exit through the rectum. This operation was entirely successful, and a good recovery is the result. It is now more than three weeks since the attack and the patient is in all respects very comfortable.

A FORMULA FOR ASTHMA.

BY J. B. JOHNSON, M. D.,

WASHINGTON, D.C.

The causes of spasmodic asthma may be either direct or indirect; and when the disease occurs during the middle period of life, it is usually of a persistent form and is accompanied more or less frequently by bronchitis and emphysema. It is said that asthmatics very rarely die during a seizure; but in almost every instance death results from one of the complications of asthma, viz., bronchitis or emphysema. Both the direct and indirect causes of an attack are numerous, and although the asthmatic may be taught to avoid many of them, yet they are so abundant and varied, that it is almost impossible for him to conduct himself so prudently as to escape them all.

Attacks of spasmodic asthma may often be controlled by dry-cupping, morphine and many antispasmodics. The greatest chance of relieving the disease depends upon the influence which can be exerted upon the bronchitis and emphysema. For this purpose I have found nothing equal to the following:

℞ Syrupi hypophosphitum comp. . . .	f℥ jss
Syrupi acidi hydriodici	fʒ vj
Extr. euphorbiæ piluliferæ fluid. . .	fʒ vj
Extr. nucis vomicæ fluid.	fʒ j
Syrupi simplicis	f℥ j
Aquæ destil.	f℥ ij

M. et Sig. A tablespoonful every three hours. Shake well.

This mixture is usually tolerated well by the stomach, and I have seen both the bronchitis and the emphysema to yield under its influence, while the interval between the attacks of asthma have become very much lengthened.

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Progress of Cremation.—There are now thirty-nine crematories in various parts of the world. Italy has twenty-three, America has ten, while England, Germany, France, Switzerland, Denmark, and Sweden have one apiece. In Italy there were two cremations in 1876; the number rose to fifteen in 1877, and in 1888 the number was 226. Since 1876, 1,177 cremations have taken place in Italy, while the combined numbers from all other countries brings the total only to 1,269.

FOREIGN CORRESPONDENCE.

LETTER FROM BERN.

Carbolic Acid in Snake-bite.—Snake-bites in Switzerland.—Typhoid Angina.—Cocaine as a Substitute for Chloroform or Ether in Herniotomy.

BERN, October 15, 1889.

Carbolic acid seems to possess a considerable antidotal power against the poison of snake-bites, or at least against viper poison. Some months ago, Dr. Miniat, of Clarens-Montreux, Canton Vaud, published the report of the case of a boy, aged 12, who, while working in a vineyard, had had his right forefinger bitten by a viper (*vipera s. pelias berus*, Germ. *Kreuz atter*), measuring about 55 centim. in length. When seen by the author immediately afterwards, the boy was deadly pale and weak, fainted repeatedly, and vomited incessantly. Two small, dark fang-punctures were found on the tip of the finger, and the whole hand and forearm was intensely tender and swollen. Dr. Miniat at once injected several syringefuls of a 3 per cent. carbolic solution, both into the wound and along the swollen limbs, after which he wrapped up the latter in carbolized cotton, applied a bandage with a slight pressure, and administered several drops of liquor ammoniæ acetatis with water internally. The results of the treatment surpassed all expectations: all the symptoms of poisoning rapidly vanished; on the third day the boy was seen working in his father's vineyard, as if nothing had happened.

Quite recently, Dr. Frei, of Spluegen, Canton Grisons, has reported another similar case. A strong, healthy boy, 10 years old, while engaged in picking some berries on a mountain, was suddenly attacked by a large-sized viper (*v. berus*) which drove its fangs into the palmar aspect of his right forearm, three fingers' breadth above the wrist. Six hours later the patient was brought to Dr. Frei in a state of an extreme collapse, with his whole right upper limb enormously swollen, hard, cold and extremely tender to the slightest touch. Following Dr. Miniat's plan, Dr. Frei injected hypodermically three syringefuls of the carbolic solution (one into the bites, another just below the elbow-joint, and the third above it), applied cotton dressing, and gave the patient a glassful of strong Veltlin wine. Shortly afterwards the boy fell into a quiet sleep of ten hours' duration and awoke in the best of spirits. In fact the only symptoms that remained were some swelling and tenderness on pressure, which disappeared in a day or two, yielding their place to a temporary greenish-yellow discoloration of the forearm. Pointing to his and Miniat's cases, Dr. Frei recommends a trial of carbolic acid injections as an initiatory treatment in all cases of snake-bite.

Snake-bites, by the way, are apparently a very rare occurrence in Switzerland. In the *Correspondenz-Blatt für Schweizer-Aerzte*, 1888, No. 19, p. 592, Professor C. Kaufmann, of Zurich, says that personally he has met with only two cases of the kind, in both of which the patients were bitten on a finger by the *vipera berus* and both resulted in recovery. In one of the patients, an adult man, the treatment consisted in painting the wound with the tincture of iodine, and the application of an antiseptic dressing; in the other, a boy 12 years old, in enlarging the wounds and thoroughly treating them with a 50 per cent. solution of carbolic acid. After instituting a special inquiry, Dr. Kaufmann could collect the history of only four other cases which had occurred during the decennium of 1877–1886. One was communicated by Dr. Bugnion and referred to a boy 7½ years old, bitten on the forefinger by a *vipera aspis;* he was treated, 24 hours later, by the wound being painted with tincture of iodine and the use of diaphoretics; recovery ensued in about ten days. Another case was reported by Professor Socin, of Basle; a woman, 56 years old, was bitten on her little finger by a snake of the same species; under a treatment consisting of the internal administration of liquor ammoniæ and the local application of ice and cold lotions, she recovered in about six days. The remaining two cases, communicated by two practitioners of Canton Aargau, were those of a woman, aged 34, and a young man, both bitten on the hand by the *vipera berus* and treated one by the local use of liquor ammoniæ, the other by unknown means; both making a speedy recovery. The *vipera berus* and *v. aspis* are the only poisonous snakes infesting our happy "land of health-resorts."

Dr. A. Vonwiller, house physician to the Cantonal Hospital in St. Gall, furnishes an able contribution to our as yet but scanty knowledge of a peculiar ulcerous angina occurring in the course of enteric fever. The faucial affection was first accurately described by Nonat in 1843, later on the history of some cases was published by Comby and Duguet, G. Wagner, Schott, Cahn, and Landgraf. All but one of these observers believe that this complication of typhoid fever is very rare; Cahn alone asserts that a careful repeated examination of the patient's throat would discover the angina in a far greater number of cases than is usually credited. Dr. Vonwiller's experience seems to support Cahn's statement; at least, during the last three years he came across seven cases of the kind. According to his observations, the affection is peculiar to enteric fever and mostly occurs in severe cases. As a rule, it makes its appearance during the second week of the primary disease and lasts from a few days to a fortnight and disappears spontaneously, without any special treatment. By itself the angina does not in the least aggravate the patient's state. Still, being liable to occur mainly in grave cases, the symptom is of considerable prognostic value. The affection is characterized by a rapid development of single or multiple, sharply defined, circular or ovoid shallow ulcers situated on the soft palate or faucial pillars, and varying in size from $\frac{1}{12}$ to ¼ of an inch in diameter (or from the size of a pin's head to that of a lentil). Their floor is lined with a scanty coat of a gray-reddish, gray-white, or yellowish color, any marked peripheral tumefaction or infiltration being absent, and the congestion but slight. The erosions are not accompanied either by swelling of cervical lymphatic glands or by painful swallowing, and hence may be easily overlooked. They heal from the periphery towards the centre, without leaving any visible scar. Sometimes they are accompanied, followed or preceded by identical ulcers on the labial mucous membrane. No typhoid bacilli could be discovered in the erosions in any of the cases yet examined. The pathology of typhoid angina still remains entirely obscure.

Some time ago, Professor Roux, of Lausanne, published a short, but very instructive and suggestive paper on cocaine as a surgical anæsthetic, in which he said, among other things, that he was successfully employing the alkaloid in all cases of herniotomy, injecting under the skin (along the line of the incision) a few syringefuls of 1 per cent. solution of the drug. There scarcely can be any doubt that in every ordinary case of operation for strangulated hernia choloroform or ether can be most conveniently substituted by the cocaine. Nevertheless the local anæsthetic is still reported to be but rarely used, and is neglected even by country practitioners, who are often compelled to operate without any assistance worthy of the name, and presumably must experience all the inconveniences which attend general anæsthesia far more acutely than hospital or town surgeons do. Appealing mainly to such country practitioners and pointing to the said inconveniences, Dr. Venïamin D. Sheffer, of Rïazan (Russia), emphatically recommends an extensive trial of cocaine in herniotomy. For the sake of illustration, he adduces two cases of incarcerated ruptures (one of an aged woman with an umbilical hernia, the other of a male peasant, 32 years old, with an inguinal one) in which the operation lasting about an hour was performed absolutely without pain from the beginning to the end (including the insertion of sutures) by a preceding injection of one or two grains of the alkaloid, dissolved in 2 drachms of a 4 per cent. boracic acid solution. In both of the cases the wound rapidly healed *per primam.*

NEW YORK CORRESPONDENCE.

Delinquents in the County Medical Society.—Hygiene in Public Schools.—Prize Essays.

The Medical Society of the County of New York has a membership of over nine hundred, and a number of these fail to pay their dues. Depriving them of the right to vote or to hold office has not forced them to pay up, and it is impracticable to sue them at law. The society therefore on Oct. 28, Resolved, That hereafter members two years or more in arrears of dues shall have their names omitted from the published list of the society, and that while thus in arrears such members shall receive no notice of the society's meetings nor any of the society's publications.

The society publishes a catalogue of the physicians of New York, including in one list the names of its members and in another the names of all other physicians who have registered in the County Clerk's Office. Members of the county society receive this catalogue free, which is nearly of the value of the annual dues, three dollars. It is believed that the adoption of this resolution, which is about the mildest way in which the society could proceed to stir up its derelict members, will result in bringing a good many of the delinquents around to the Treasurer's office. The legality of the measure, however, was questioned by one of the members.

The society has a good deal of business to transact during the course of the year. Its Board of Censors and counsel have got illegal practitioners pretty well under control. The greatest transgressors who, it would seem, cannot be reached through the courts are the advertisers of quack medicines. We read in the papers of the families of some of these taking a high position in social circles because of the wealth which the people have seen fit to bestow upon them in return for their being humbugged.

Dr. Van Santvoord, for the Committee on Hygiene, reported the result of an investigation of the sanitary condition of the schools in the city. Five years ago the Committee made an investigation, and found that certain serious defects existed; the schools were crowded, as many as seventy-five pupils were all assigned to a class in the primary departments, the number of square feet of floor space for each pupil was only five, and of cubic feet air space seventy. In the new buildings these defects had been to a very considerable extent corrected, yet there was overcrowding in some districts, while in others the population had much decreased. In the parochial and Sunday-schools, and in some of the private schools, the sanitary regulations were less observed than in the public schools. Yet there were few instances where children with contagious diseases were permitted to attend. The exceptions were mostly in cases of contagious ophthalmia. Injurious consequences had sometimes resulted from teachers and principals trying to secure a large percentage of attendance. The report recommended not less than two hundred cubic feet air space to each scholar, nor less than thirty square feet floor space.

The physicians of New York seem to be remarkably ethical, only two complaints had been presented to the Committee on Ethics, in one of which the parties complained against were found not to be members, while in the other the complaint was dismissed for want of sufficient cause.

The impecunious medical man who hopes to bridge over a cold day by a prize awarded for an essay is apt to meet with disappointment. But one essay had been offered in competition for the prize of the county society, and that was deemed unworthy, inasmuch as it did not fulfill the conditions requisite in regard to originality. Dr. Douglas thought the conditions on which the prize was to be awarded might well be altered, for in twelve years only one essay offered in competition had been successful. Dr. Corning thought the prize should be awarded for the best paper read before the society during the year. The Comitia Minora was instructed to consider this matter and report back.

PERISCOPE.

Arthritic Hemoptysis.

In the *Lancet*, Oct. 26, 1889, Sir Andrew Clark has an article on the non-tubercular and non-cardiac hemoptysis of elderly persons, in which he says:

It is not my intention upon this occasion to enter into any systematic account of this variety of pulmonary hemorrhage, this arthritic hemoptysis, as I have ventured to call it. But as the cases related have led me to discontinue the ordinary method of treatment by astringents, and to try another method which seems to be more rational, and hitherto at least has proved more successful, I propose to relate two other illustrative cases seen in consultation with other practitioners. Some seven years ago Sir William Jenner, Dr. Wilson Fox, and I were summoned together to consult about a lady suffering from an incoercible hemoptysis. She was a Jewish lady over sixty years of age, very stout, very "rheumatic," and always ailing. She had nodular finger-joints, frequently recurring bronchial asthma, and occasional outbreaks of either eczema or of urticaria. Ten days before our visit, when suffering from an ordinary catarrh without accompanying fever, the patient began to cough up blood, and had continued to do so in small quantities at intervals of three or four hours since. The patient had a somewhat large heart, but there was no murmur, and there was no evidence of systemic arterial disease. Within the previous two days the pulse had become quick and frequent, and the temperature had risen to close upon 100°. In the lungs there were signs of a generalized bronchial catarrh, of emphysema, and of basic congestion. The patient complained of frequent cough, of great oppression of chest, and of growing difficulty in expectorating.

She had, furthermore, a loaded tongue, thirst, loss of appetite, a swollen liver, and all the signs of a gastro-enteric catarrh. She had been carefully treated by absolute rest, fluid food, ice to the chest, and in succession by lead, gallic acid, and hypodermic injection of ergotin. After full discussion, it was determined that another method of treatment should be tried. The patient was ordered to have a light and rather dry diet, to be sparing in the use of liquids, to discontinue the ice, to have a calomel pill at night, followed by a saline cathartic on the succeeding morning, and to take an alkaline mixture with ammonia between meals twice in the day. Within thirty-six hours the bleeding ceased, and the patient made a speedy and complete recovery. About a year and a half ago the patient consulted me at my house for sub-acute rheumatic arthritis. She told me that since she saw me first she had had one attack of bleeding, and that it was quickly cured by calomel and salines.

About six years ago I was summoned to meet Mr. MacLaren in consultation about the case of a solicitor who had been suffering from an obstinately recurring hemoptysis of small amount. The patient was over sixty years of age, had been always delicate and often suffered from incomplete attacks of what was considered to be rheumatic gout. He had rimmed finger-joints, patches of dry eczema, and occasional nervous headaches. A few weeks before our consultation he had contracted a feverish bronchial catarrh and was confined to the house. After a fortnight's cold he began to have some oppression of chest and to be short breathed. This was followed by a small hemoptysis which gave relief, but the hemoptysis recurred, and at our consultation there was no sign of its cessation. The patient had no fever and only a slight hurry of circulation. There was a general bronchial catarrh, the fore parts of the lung were emphysematous, and there was some basic congestion, greater on the right side than on the left. The tongue was furred. There was anorexia with some thirst. The bowels were inadequately relieved, and the urine was pale and of low density, but free from albumin. The patient was directed to rest and keep warm, to live upon a light, semi-solid diet, to be sparing in the use of liquids, to be freely counter-irritated over the chest, to have a succession of small doses of calomel at bedtime, supplemented by saline aperients in the morning, and to take between meals, twice or thrice in the day, a mixture containing iodide of potassium, bicarbonate of potassium, and ammonia. This treatment was not particularly agreeable to the patient, who had medical views of his own. Nevertheless, it was adopted, and appeared so far successful that within four days of its adoption the hemorrhage had ceased. I heard of this patient from a relative some months ago, and I was told, although he led a too sedentary life, he was well and at work.

Many additional illustrations of this variety of hemoptysis could be given, but as in each case there is a close resemblance to each other, and as in all the cases the interpretation of the pathological conditions accompanying the hemorrhage and the treatment employed for its relief were substantially the same, it would be unpardonable to occupy the time of the Society with the reproduction of details which could prove neither interesting nor instructive to the Fellows. I content myself with having brought to the notice of the Society this curious form of pulmonary hemorrhage, and believing that a critical discussion of the subject will lead to a broader and juster views concerning it. I conclude with a statement of the propositions which I have framed out of the results of my own inquiries.

These propositions are as follows:

1. That there occurs in elderly persons, free from ordinary diseases of the heart and lungs, a form of hemoptysis arising out of minute structural alterations in the terminal blood-vessels of the lung.

2. That these vascular alterations occur in persons of the arthritic diathesis, resemble the vascular alterations found in osteoarthritic articulations, and are of themselves of an arthritic nature.

3. That although sometimes leading to a fatal issue, this variety of hemoptysis usually subsides without the supervention of any coarse anatomical lesion of either the heart or the lungs.

4. That when present this variety of hemorrhage is aggravated or maintained by the frequent administration of large doses of strong astringents, and by an unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. That the treatment which appears at present to be the most successful in this variety of hemoptysis consists in diet and quiet, in the unrestricted use of liquids, and the stilling of cough; in calomel and salines,

in the use of alkalies, with iodide of potassium, and in frequently renewed counter-irritation.

Treatment of Dandruff.

The *Chemist and Druggist*, Oct. 26, 1889, gives the following as being good applications for dandruff. A teaspoonful of either should be well rubbed into the roots of the hair, and then dried with a soft cloth. If the hair is of a dry nature, a little good pomade may be used occasionally.

I.

℞	Tincture of quillaia (1 in 10)	200	parts
	Tincture of capsicum	5	“
	Eau de Cologne	20	“
	Glycerine	30	“
	Carbonate of ammonia	3	“

Mix.

II.

℞	Spirit of ether	3	ounces
	Tincture of benzoin	2	drachms
	Vanillin	½	grain
	Heliotropin	1½	“
	Oil of rose geranium	2	drops

Mix.

As a pomade the following is recommended:

Salicylic acid	30	grains
Borax	15	“
Peruvian balsam	25	minims
Oil of anise	6	drops
Oil of bergamot	20	“
Vaseline	6	drachms

Mix.

Tapeworm Remedy.

Dr. Numa Canopi recommends the following treatment for the removal of tapeworm. In the evening a dose of castor oil should be administered. The following morning two drachms of thymol divided into 12 doses are to be taken, a dose every quarter of an hour, and after the last dose of thymol, a dose (about five fluid drachms) of castor oil. A few minutes after the last dose of castor oil has been taken the tapeworm will be expelled entire.—*Medical Press and Circular*, Oct. 9, 1889.

Treatment of Ingrowing Toenail.

Dr. Hofmann, of Erlangen, recommends a simple and painless method of treating this complaint. After the part is thoroughly cleansed and disinfected by a sublimate solution, a few drops of liq. ferr. perchl. are dropped on the affected spot. The edge of the nail is then gently raised and then dried. The treatment is continued for two or three days. If suppuration takes place, the hardened scabs should be removed with forceps, and the ferr. perch. again applied. The nail soon becomes soft and brittle so that it can be removed, and without pain.—*Medical Press and Circular*, Oct. 9, 1889.

Rabies.

At a general meeting of the Jamaica Branch of the British Medical Association, held May 29, 1889, at the Public Library, Kingston, Mr. Plaxton read a paper on *Rabies or its* “*Double.*” He related two cases, of which the interest, according to him, was that, admitting them to be cases of rabies, no evil followed bites, or denying them to be rabies, they were cases of an acute and rapidly fatal maniacal affection in the dog. Case I.—One of his own dogs was excited, attacked all his other dogs without more than trifling cause, and bit and struggled when picked up from the ground. He bit five people, including his master. Muscular power gradually failed, the dog seemed to wish to vomit, lay much with closed eyes, whimpered occasionally; eyes clouded; not easily roused; once or twice in the day put his nose to a plate of milk, but did not drink, not seeming to understand it as food; took no note of water; was not snappish. The *post-mortem* disclosed that he had swallowed rubbish of all sorts during his illness. Case II was also that of one of his own dogs, but not infected by the first. On Easter Sunday, 1884, during the night, she killed and ate one of her puppies. She was very furious, and attacked the other dogs, biting three certainly. She never attacked human beings. She tried to destroy a second puppy but was prevented. Water she lapped once or twice, but was not seen to drink any large quantity; milk and meat she treated in the same capricious manner. She was not noisy; never barked; was restless, jumping about the room as if eager to be out. Did not attack human beings. At the *post-mortem* nothing unusual was found; no peritonitis, nothing in the stomach or intestines, no foreign bodies, no rubbish of any kind. If these were not cases of rabies were they interesting cases of insanity in one of the lower animals? The first a case of insanity attacking the subject possibly at puberty, the second, perhaps, a case of puerperal mania. If they were rabies it was singular that all, man and beast, who were bitten escaped the disease.—*British Med. Journal*, Oct. 5, 1889.

To Abort Cold in the Head.

The *Chemist and Druggist*, Oct. 26, 1889, claims that the following formula will frequently abort a cold in the head, if taken at bedtime on the day the cold makes its appearance:

℞	Tr. camph. comp.	fʒj
	Tr. cinchon. comp.	fʒij
	Sp. æth. nit.	fʒij
	Aquam. ad	f℥ij

Ft. haust.

Prophylactic Hair-wash.

The following hair-wash, given among the selected prescriptions in the *Journal of Cutan. and Genito-Urin. Diseases*, Oct., 1889, and quoted from the *Therapeutische Monatshefte* for July, 1889, is said to keep the scalp cool and the hair dry and free from oil, also to prevent dandruff, besides being a most agreeable toilet preparation:

℞	Spirit. etheri	f℥jss
	Tinctur. benzoini	f℥jss.–fʒij
	Vanillin	♏j
	Heliotropin	♏iij
	Ol. geranii	gtt. j

M. Sig.: For hair-wash. Keep well corked and do not expose to flame, as the mixture is highly inflammable.

Artificial Food for Infants.

Dr. Escherich, of Munich, gave a lecture in the Pædiatric Section of the sixty-second meeting of German naturalists and physicians at Heidelberg, advocating a reform in the artificial feeding of infants. He bases his belief in the necessity of such a reform on the errors produced by Biedert's theory, which depends upon the difference between cow's milk and normal human milk. Biedert's view was, that all the troubles and diseases occurring in artificially-fed infants were due to the indigestion of the caseine of the cow's milk, causing irritation of the mucous membrane of the bowels. He therefore considered that if the latter were diluted so as to contain 1 per cent. only of caseine, the infant could not possibly take an injurious quantity of this noxious substance. Dr. Escherich considers that this theory and the practice resulting from it have gone far to prevent due care being exercised as to much more important conditions. Such are, according to the lecturer, germs and fermentation in improperly kept cow's milk, the number of meals, and the quantity of food given at a time in proportion to the capacity of the infantile stomach, the total quantity of nutritious matter and its proportion in the food, and finally the injurious effect which the water which has been added to the food has on the digestion and the metamorphosis of nutritious matter. Dr. Escherich holds it above all necessary to return to physiological principles, and so to approximate artificial feeding as much as possible to the mother's milk, as regards the absence of germs and the number and quantities of meals. The lecturer then pointed out that it is easy enough by sterilization of small quantities of milk according to Soxhlet's plan to comply at least theoretically with all these conditions, and at the same time to limit the quantity of caseine so as to fulfil Biedert's requirements.—*The Lancet*, Oct. 26, 1889.

Eucalyptus in Scarlet Fever.

The profession is greatly in need of a safe and agreeable antiseptic for use in cases of infectious disease and offensive cancerous ulcers—one readily tolerated by the patient. Carbolic acid and iodoform are both offensive and poisonous, but the oil of eucalyptus, which is a strong antiseptic, can be used freely without danger to the patient. Mr. J. B. Curgenven says, in the *British Medical Journal*, Oct. 26, 1889, that he has used it in the treatment of scarlet fever with complete success. Four cases were treated; each was in a family where there were other children who had not had the disease. In these cases the fever disappeared in a few days, and at the end of a week or ten days joined the rest of the family without communicating the disease to any of them. There was no general desquamation; it occurred only on those parts where the rash was thickest.

The remedy was used both internally and externally; one to four drops of the oil in emulsion being given every four hours, and the entire body being frequently washed with a solution of the drug. The entire room and bedding should also be sprayed with the solution. This is to be done night and morning for the first few days, then each night until the end of ten days. The head and hair are also subjected to the same treatment every three days. At the end of a week the bath with the use of the eucalyptus soap is used every night, the eucalyptus solution being rubbed over the skin afterwards. The free use of this antiseptic is not attended by any ill effects whatever, either to the patients or to those in attendance.

Ergot in Cholera.

Surgeon-Major Comerford, of India, has recently been using the fluid extract of ergot with marked success in the first stages of cholera and in severe diarrhœa. The drug was used hypodermically in ten minim doses. In every instance its use was followed by complete success, the diarrhœa being quickly checked and collapse averted. These results were, however, only obtainable during the first stages of the disease.

Antipyrin in Diabetes Insipidus.

Since the publication of a note by Eichhorst who reported the case of a man, 38 years of age, suffering from diabetes insipidus, in whom the daily amount of urine was reduced from thirteen quarts to normal by the administration of seventy-five grains of antipyrin daily, the value of this remedy in diabetes insipidus has been the subject of considerable discussion. The remedy has also been claimed to reduce the renal secretion in diabetes insipidus. The usefulness of antipyrin in the latter affection has been still further strengthened by the report of three cases published by Dr. M. Opitz in the *Deutsche Medicinische Wochenschrift* for August 8, 1889. These cases show that after the prolonged but fruitless employment of numerous other remedies, the subjective symptoms of diabetes insipidus, as well as the amount of urine eliminated, yielded to the administration of antipyrin. In one of these cases a permanent cure was said to be obtained; in another the cure persisted some time after the suspension of the drug; while in the third case the amount of urine returned to its original volume after the cessation of the use of antipyrin, but was again reduced to normal when the drug was readministered. With this reduction in the amount of urine secreted, there was decrease in thirst, improvement in the general feelings, increase in the body-weight, and undisturbed sleep returned. These cases seem to show that the result was directly attributable to the antipyrin, for in one case the disease had lasted more than twenty years, and had been rebellious to the most varied forms of medication, while in another the amount of urine eliminated daily reached the enormous quantity of sixteen quarts, and was yet cured by the use of the drug.—*Therapeutic Gazette*, Oct., 1889.

Multiple Epitheliomata.

An interesting case of multiple epitheliomata is recorded in a recent number of the *Lyon Medical*, by M. Lacroix. The patient, a man aged 78, was under the care of M. Mollière. In 1881 he was operated on by the latter, and a warty tumor removed from the dorsum of each hand. At the same time there were to be seen tumors of various forms and of cutaneous origin upon the forearms and cheeks. These lesions, according to the author, were interesting from several points of view; first, because of their multiplicity and variety; second, on account of the situations of the lesions upon the cutaneous surfaces exposed to the air; thirdly, because of their slow development, and their relative signs of benignancy. As far as treatment was concerned, the multiplicity of the growths precluded the opportunity of adopting radical measures.—*Med. Press and Circular*, Oct. 23, 1889.

Cinchona Cultivation.

The cultivation of cinchona bark in Ceylon has been so extended of late years, that the bark is at present almost a drug in the market, and the price of quinine has fallen lower than the most sanguine ever imagined. Welcome as this fall in price must have proved to medical men and medical institutions with whom in years not long past the cost of quinine was an important item of expenditure, it is viewed otherwise by those who are financially interested in the plantations, and a movement is now on foot, having for its object a limitation of its production. It is proposed to effect this by means of a syndicate, which will regulate the export and prevent glutting of the market.—*Med. Press and Circular*, Oct. 23, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

REMOVAL OF LARGE PARTS OF THE LIVER.

In an Editorial in the REPORTER, October 12, 1889, attention was called to the experiments of Professor Ponfick, of Breslau, in regard to removal of portions of the liver, recently reported in abstract. A full account of these experiments is given in the *Archiv für pathologische Anatomie und Physiologie*, November 2, 1889, and deserves careful study.

Ponfick performed his experiments upon rabbits, because these animals are easy to get and easy to operate upon. His paper mentions a number of investigations which preceded his own, and describes the latter with admirable clearness. He classifies the dangers connected with these operations as of three kinds: first, the danger of peritonitis; second, the danger dependent upon the loss of parts of such an important gland; and, third, the danger connected with such a radical disturbance of the fetal circulation. In operating, he found that the use of antiseptics—except in very dilute form or small quantity—was a source of danger; so he came to avoid corrosive sublimate altogether, and to use carbolic acid in solutions no stronger than two per cent., and iodoform only very sparingly. As to the method of operating, he tried and abandoned the use of the galvano-cautery, the Paquelin cautery, and chemical cauterants, and found the best method to be with the knife and ligature.

As a result of his experiments he found that total ablation of the liver in one operation was always fatal, but that, by taking away part of it at a time, he could remove a very large portion without seriously impairing the health of the animal. He discovered no reason to believe that different parts of the liver exercise different functions, or that it made any difference what part of it he removed, provided the relative quantity was the same.

In detail, he found that rabbits may recover and thrive after removal of about one-fourth of the liver at a single operation; then, that after removal of half of the liver they lived for weeks and months, and actually improved in condition. He then tried removing three-fourths at one time. This he did twenty-eight times; and seventeen of the animals experimented on died within fifty hours; eight lived from fifty to one hundred and fifty hours; and three lived for periods ranging from thirty-two to seventy-seven days. In eight cases he removed three-fourths of the liver, and, when the animals were restored to good condition, took out the remainder. All these animals died promptly—within twenty-six hours; but he thinks this was not due to the loss of the liver substance, attributing it rather to the severity of the operation. In six cases he removed four-fifths of the liver at one time; and all the animals died within sixteen hours. In eighteen cases he removed, first, about a fourth of the liver; and then, when the animals were quite well again, nearly another fourth; and, when they had entirely recovered from this operation, as nearly all the remaining portion as he could. One of these animals lived for sixty hours.

In conclusion Ponfick suggests that, with an improved technique, it may yet be demonstrated that practically the whole of the liver may be removed without causing the death of the animal from which it is taken.

The results of these experiments are of the highest scientific and practical interest, and suggest—as we have before intimated—important modifications of prevailing views in regard to the physiological function of the liver, as well as in regard to the limitations of surgical treatment of this organ. Ponfick himself points out some striking lessons to be drawn from a comparison of the effect of his experiments with the clinical phenomena of acute and chronic diseases of the liver, and promises investigations in regard to the physiological effect of the removal of large portions of the liver upon the animal organism, which will be looked for with the most interested expectations.

TREATMENT OF GUNSHOT WOUNDS OF THE ABDOMEN.

The city of New York furnishes a large number of cases of gunshot wounds every year, and many of them come under the notice of hospital surgeons of great skill and experience, and for this reason the opinion held in that city in regard to the proper method of treating such cases deserves the most careful consideration. At a recent meeting of the New York Academy of Medicine, Dr. Lewis A. Stimson read a paper on the subject, in which he spoke of having treated no less than twenty cases of bullet wounds during the past twelve months. He said it was beyond dispute that many lives have been saved in the past five years, which would have been lost if treated in the manner which formerly prevailed. But in judging the merits of the method now most warmly advocated, namely, laparotomy, it is not enough to show that some patients have survived; it is not enough to show that those operated upon would have been saved only by an operation; it must also be shown that it saves a larger proportion of wounded patients than the let-alone method. And, even if this be so, Dr. Stimson said, it is important to decide in individual instances the necessity for an operation or the contrary. During the past nine years there have been over thirty cases of gunshot wounds of the abdomen with laparotomy in the city of New York, and Dr. Stimson has heard of no case in which penetration of the intestine or other viscera was not found. In the New York Hospital since 1876 there have been four cases of gunshot wounds of the abdomen treated without operation, with two recoveries; and one case operated on, which resulted fatally. In the Chambers Street, thirteen cases were treated without operation, with two recoveries; and twelve cases treated by laparotomy, with only three recoveries. In the Roosevelt Hospital there have been six cases treated without operation, with two deaths; and three cases in which laparotomy was performed, all ending in death.

Taking these statistics, the percentage of deaths in patients treated without laparotomy has not been as great as in those operated upon in this way. In regard to the principles which should guide a surgeon in opening the abdomen or leaving it unopened, Dr. Stimson believes that, when a bullet has penetrated the walls of the abdomen it usually causes multiple lesions of the viscera—the most common exception being in cases in which a small bullet enters and lodges in the liver, or when the bullet enters obliquely. In all doubtful cases he thinks—as most surgeons do—that an exploratory incision should be made. If the bullet has lodged in the abdominal walls or failed to injure the viscera, no harm is done by the operation; if, on the contrary, it has penetrated the viscera, this may be discovered and the wounds can be closed. But to operate after a patient has become practically moribund is to be condemned; for it can only hasten death and bring surgery into disrepute. At such times rest and drainage are the plain indications. Shock Dr. Stimson regards as, in many cases, the effect of extraneous circumstances quite as much as of the injury,—as emotional quite as much as physical.

It is somewhat surprising to find that Dr. Stimson does not approve of the injection of hydrogen gas per rectum, to determine whether perforation exists or not, believing that it is better to do an exploratory operation in all doubtful cases, remembering that it is well to make an opening of fair size rather than a small one through which the gut must be pulled out and examined. He thinks there is no reason to doubt that a ball pursues a straight course through the abdominal cavity; consequently it is not necessary to search for lesions outside of that line, although the movable intestines should all be examined.

This expression of opinion indicates a sort of reaction from the views held by most American surgeons during the past few years, especially since the discovery and announcement of Senn's ingenious method for testing the integrity of the bowel. The readers of the REPORTER are aware that these views have been opposed strongly and with much plausibility by Dr. Paul Reclus, of Paris, as pointed out in Editorials in this journal for May 12, and November 10, 1888, and it will interest them to find at home a surgeon who shares to a certain extent these conservative opinions. Dr. Stimson, it is true, does not share the general opposition of Reclus to laparotomy, as his language quoted above shows; but he does seem to think it worth while to suggest that it is not every case of gunshot wound of the abdomen which calls for laparotomy.

THE SERIOUS CHARACTER OF GONORRHŒA.

One of the arguments in favor of the belief that gonorrhœa is a specific infectious disease is furnished by the results of the disease. Such results as epididymitis or orchitis, abscess of the prostate, cystitis, salpingitis, gonorrhœal rheumatism, and gleet, are comparatively common. But the disease is also capable of affecting the nervous system. In the REPORTER, September 22, 1888, reference was made to the manifestations of gonorrhœa, as affecting the spinal cord, and in the *Allgemeine med. Central Zeitung*, No. 41, 1889, Dr. Samter communicates an account of a case in which trismus and tetanus followed a gonorrhœal orchitis. The patient in whom this occurred was a man, twenty-eight years old, who presented the characteristic symptoms of trismus and of tetanus; the tetanic spasms affected all the muscles of the skeleton, except those of the arms. The patient had not been subjected to any injury; but he had had a gonorrhœa complicated with orchitis, and, a fistula being established in the left testicle, the latter had been completely destroyed. Dr. Samter believes that it was this fistula which caused the tetanus. The result of treatment was very fortunate: the tetanus disappeared under a daily dose of seventy-five grains of chloral, and the fistula was also healed.

Perinephritic abscess is an occasional sequel of gonorrhœa. A case of the kind is reported in the *Medical Press and Circular*, May 16, 1889, by Dr. Astley Bloxam. The patient had contracted gonorrhœa in 1884, and the disease had become chronic. At the end of about three years he was seized with pain in the right lumbar region. The pain was aggravated by walking, and to such a degree that he could no longer move. A tumor of irregular form developed in the region of the right kidney, and was diagnosticated by Bloxam as a deep abscess. The abscess was incised and the collection of pus, which was seated under the transverse aponeurosis around the right kidney, evacuated. At the end of fifteen days the patient was considered well.

A very rare complication of gonorrhœa is pyemia. Dr. Roswell Park reports a case of the kind in the *New York Medical Record*, September 22, 1888. The patient was a man who, in the course of a gonorrhœa, presented symptoms of pyemia of a typhoid form, to which he succumbed. At the autopsy, pus was found in both knee-joints and in the left sterno-clavicular joint. The pus, however, did not contain gonococci.

The mention of the preceding cases will be sufficient to indicate the uncertainty that attends a case of gonorrhœa. One can never tell what the possible result may be. The late Dr. Maury, of Philadelphia, used to express the apprehension which the physician feels when treating a case of this disease, by saying, that he would rather have any one ring his door-bell than a person with gonorrhœa. Moreover, as regards the permanency of its lesions, gonorrhœa is as much to be dreaded as syphilis. The multiplicity and permanency of the results of gonorrhœa indicate the specific character of the disease, and if they were better understood by laymen this might possibly lead to a greater chastity. This is doubtful, however; but considering the relative importance of the two diseases, gonorrhœa and syphilis, we can see no adequate reason for refusing to admit patients with the former disease to the large hospitals which are admitting freely patients with syphilis. Both are a serious menace to the health and happiness of many besides the persons immediately concerned, and in both freedom from complications and sequelæ can be attained only by judicious treatment for a considerable time, and by suitable control over the patients in the interval.

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PROFESSOR BRIEGER has received the sum of fifteen hundred marks to enable him to prosecute his studies of the ptomaines.

THE RESTRICTION OF HYPNOTISM.

At a meeting of the Contemporary Club, in Philadelphia, November 12, 1889, Professor George S. Fullerton, of the University of Pennsylvania, delivered an address on "Hypnotism," illustrating it by experiments on several intelligent subjects. Dr. George M. Gould spoke strongly against hypnotism and opposed its unrestrained practice, saying that a mesmerist is not always a moral man, and on account of the evil that is possible from the actions of those who may have others under the control of their more powerful will, its investigations should be limited to careful and studious men, and for others it should be suppressed by law.

There can be no doubt that this is a sound opinion, and that no one should be permitted to enter this perilous field of investigation without the most ample scientific training for it, and the most conscientious determination to use its opportunities only for the good of mankind.

CHICAGO AND THE CODE.

The *Medical Standard*, which is published in Chicago, speaks at times with great plainness of the failings of the medical profession in that town. In its issue for November, 1889, it says editorially: "The question whether the code of the American Medical Association rules even the Chicago followers and satellites of the local 'Fathers in medicine' is a decidedly open one. About half a score of cases of disease 'seen with' disciples of Hahnemann and Thompson have been reported in very recent articles in the *Journal of the American Medical Association*. The New York code seems to have many secret followers, even among the blatant eulogists of the American code. If the code is a sacred law it ought to be enforced. Hypocrisy of the type described is more destructive to the morale of the profession than any New York code."

This is a statement which may be endorsed irrespective of its applicability to the case in hand. It is to be hoped that the *Medical Standard* is mistaken about the behavior of the followers of the "Fathers in medicine" in Chicago, or that the latter will mend their ways.

The time is coming, we trust, when "straightness" will be indispensable to even apparent success in the profession of medicine, and we incline to the opinion evidently held by the *Medical Standard* that one way to hasten this desired consummation is to point out examples of crookedness. This may not be pleasant to those who find in it a duty or to those who find in it a punishment; but it does seem as if it ought to be done. The silence of influential medical journals is undoubtedly responsible for the appearance of approval which has been permitted toward manifest misconduct on the part of members of the medical profession, of medical schools and even of medical journals.

MASSAGE IN A VILE ROLE.

The officers of the Society to Protect Children from Cruelty, in Philadelphia, on November 21, followed up some recent exposures by the *Press*, of this city, by breaking up an establishment ostensibly devoted to bathing and massage, but which was specially characterized by the fact that in it the massage was administered to men by comely young women. Investigation led to the belief that the administration of massage in this way was not intended solely as a therapeutic measure, and that the services of the *masseuses* were not limited to this function alone.

This is not the first time that this disgraceful mode of furnishing sensual pleasure has been heard of, but it is to be hoped that the officers of the law will now find some way to suppress it utterly. Medical men have long been aware of the dangerous possibilities of massage, but probably very few of them have ever had any knowledge that it had been made a means of sensual gratification. Such occurrences as are now attracting attention in Philadelphia, however, will direct their attention to it anew, and may put them on their guard against the danger which may be associated with it. More than this, medical men outside of Philadelphia may know of other cases of misuse of massage, and may be in a position to aid the authorities in detecting and punishing those who are debasing it to improper ends.

It would be very unfortunate if so useful a therapeutic measure were to fall into disfavor because the community regarded it as likely to be a source of moral danger; and it is to the interest of science and of practical medicine that medical men and women should do what they can to prevent so deplorable a result.

This is a matter which we would not care to comment on, were it not that so much is being said about it in the daily newspapers, and that we believe it to be one in which the medical profession is specially concerned and in which its members may well exercise the office of guardians of the public morals.

CORRESPONDENCE.

Correction.

To the Editor.

Sir: Please rectify in your next issue, the following typographical error: "How rarely when such a patient has recovered does his physician doubt that alcohol has contributed, etc., etc." It should read, "How rarely, etc., etc., has his physician *no* doubt that alcohol, etc., etc." The error occurs on page 510, lower third of second column.

Yours truly,
J. Chris. Lange.

Pittsburgh, Pa.,
Nov. 11, 1889.

Danger in Silk Thread.—Silk thread, says *Sanitary News*, is soaked in acetate of lead to increase its weight, and persons who pass it through the mouth in threading needles, and then bite it off with the teeth, have suffered from lead-poisoning.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

DU SANG ET DE SES ALTÉRATIONS ANATOMIQUES. PAR GEORGES HAYEM, Professeur a la Faculté de Médecine de Paris, etc. (The Blood and its Anatomical Changes, by Georges Hayem, etc.) With 126 illustrations, plain and colored. Large 8vo, pp. xxvi, 1035. Paper cover. Price, 32 francs.

The author of this magnificent volume states, in the preface, that "the future belongs to hematology. It will bring in the solution of the great questions of nosology." Certainly, if any one is justified in such an expectation, it is Dr. Hayem, who may be said to be the finest and most accomplished student of the blood now living. Few medical men can be fully aware of the wonderful achievements he has made in determining the actual conditions of healthy blood and the changes which the blood undergoes in its normal development and pathological states. In the book before us these are fully and clearly described, as well the steps by which the investigation of the blood may be conducted by those who wish to search in this field. In addition Dr. Hayem discusses most ably the relation of different alterations of the blood to different morbid processes of the organism in general, and in so doing adds practical utility to the extreme scientific interest of his work.

In our space we can do no more than outline the scope of this great and handsome book, commending it most warmly to the attention of our readers.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. THE ARTICLES WRITTEN ESPECIALLY FOR THE WORK BY AMERICAN, BRITISH, AND CANADIAN AUTHORS. Edited by JOHN M. KEATING, M. D. Vol. II. 8vo, pp. xii, 1066. Illustrated. Philadelphia: J. B. Lippincott Company. 1889.

The second volume of this magnificent work contains articles on Diseases of the Skin; Constitutional Diseases, and Diseases of Nutrition; Diseases of the Respiratory Tract, including the Pharynx; Diseases of the Circulatory, Hæmatopoietic, and Glandular Systems; and Diseases of the Mouth, Tongue, and Jaws. The writers are among those most widely known in America and Great Britain, and it goes without saying that a high order of excellence characterizes the articles. The encyclopædic nature of the book may be judged from the fact that there are papers on Scurvy, Cretinism, The Urinary Diatheses, Diabetes Mellitus, and Asthma. These are subjects rarely more than mentioned in works on diseases of children; but in the present one they are ably handled by Drs. Thomas Barlow, Judson S. Bury, the late J. Milner Fothergill, George B. Fowler, and Frederick C. Shattuck. A melancholy interest attaches to Dr. Fothergill's article from the circumstance that it was the last one written by him; it was received by the Editor a few days after a cable message announced the author's death.

Dr. H. R Wharton contributes a valuable paper on Tracheotomy. The operation is well described; its indications, and the results to be hoped from it are clearly stated; and the more important instruments and appliances illustrated. It is plain, practical, and to the point throughout, and will fully repay careful reading.

It must always happen that in a large work such as this there will be some articles of greater merit than others; but it is a great pleasure to say that we have seen no poor ones. It is high praise to say that the present volume comes fully up to the expectations raised by the first. We cannot do better than express the hope that the remaining volumes will not fall below the standard of these; the complete work will then be unique in English literature of diseases of children, and will rank with Gerhardt's "Handbuch der Kinderkrankheiten."

TRANSACTIONS OF THE SOUTH CAROLINA MEDICAL ASSOCIATION. Thirty-ninth Annual Session, held in Charleston, S. C., April 23 and 24, 1889.

This volume contains a number of interesting papers by prominent members of the South Carolina Medical Association. The address of the President, Dr. C. R. Taber, of Fort Motte, on "Modern Materialism in Modern Medicine," is an earnest and eloquent plea for the recognition of the spiritual in science, especially in medical science. Dr. Robert Battey, of Rome, Ga, devoted his address to some remarks bearing upon the ovular theory of menstruation, and to insisting upon the propriety of ovariotomy for certain grave neurotic troubles.

Dr. E. Peyre Porcher, of Charleston, reports fifteen cases of hydrothorax, his sixth series of cases. He thinks that a vast number of cases throughout the country escape detection and treatment, either medical or surgical. Dr. A. B. Patterson, of Barnwell, reports a curious case in which a glass ball remained in the cavity of the uterus for fifteen years. It was removed when discovered, and the patient made a speedy recovery.

The "Transactions" contain many other instructive and valuable papers; the volume as a whole is creditable alike to the individual contributors and to the Association.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. BY T. HENRY GREEN, M. D., Physician to Charing Cross Hospital, etc. Sixth American from the Seventh English Edition. Revised and enlarged by STANLEY BOYD, F. R. C. S. Eng., Senior Assistant-surgeon to Charing Cross Hospital, etc. Illustrated by one hundred and sixty-seven fine engravings. 8vo, pp. xx, 523. Philadelphia: 1889. Price, $2.75.

The present edition of Green's "Pathology" differs materially from the preceding edition. Mr. Boyd has recast the chapter on Fatty Degeneration, and has made considerable changes in the accounts of other degenerative processes; he has rewritten the section on the Etiology of Inflammation, and much of the chapter on the Vegetable Parasites, and has made numerous additions to the accounts of the Infective Granulomata, including the insertion of a section on Rhino-scleroma. The number of illustrations, which always have been an excellent feature of the book, has been increased; the cuts made from microphotographs, and illustrating for the most part diseases of the vessels and of the spinal cord, deserve special praise. The book is larger than in the preceding edition, but not very much, the increase being chiefly in the use of larger type for the headings and subdivisions of chapters.

This is not an ordinary new edition; it bears evidence throughout of having been subjected to thorough and careful revision. The revision has been done so judiciously, however, that the features of the book which made it so valuable as a manual for students have been retained, while the pathological information presented is more comprehensive in its scope and brought nearer to date. We unite with Mr. Boyd in regretting that Dr. Green has withdrawn his guiding hand from the work, but are glad that he has found such a capable successor.

QUESTIONS AND ANSWERS WITH ESSENTIALS OF MEDICAL CHEMISTRY. By Lawrence Wolff, M. D., Demonstrator of Chemistry, Jefferson Medical College, etc. Small 8vo, pp. 214. Philadelphia: W. B. Saunders. 1888. Price, $1.00.

Medical chemistry has been well defined as that part of chemistry which relates more particularly to the wants of the practitioner, and we could wish that more books like this would be written, in order that medical students might thus early become more interested in what is often a difficult and uninteresting branch of medical study. There are mistakes, omissions and discrepancies to be found in the work, but the general make up and plan are excellent. The index is well prepared and a valuable addition. We note a few errors and omissions, which will doubtless be corrected in later editions. For example, on page 41, Cl is called a heptad, and N a diad; while in Fehling's Solution, page 181, the sp. gr. of NaO^1H is put at 1.34 instead of 1.14. The potassium ferrocyanide test for albumin might also be inserted, as well as a description of the method of performing a combustion.

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NOTES AND COMMENTS.

Segmented Ring for Intestinal Anastomosis.

At a recent meeting of the Southern Surgical and Gynecological Association, at Nashville, Dr. A. V. L. Brokaw, of St. Louis, Mo., read a paper entitled, "Intestinal Anastomotic Operations with Segmented Rubber Rings, with some Practical Suggestions as to their use in other Surgical Procedures." The paper considered in detail the results obtained in an experimental study of all the anastomotic operations, and an original, technique and application of segmented rubber rings, in such operations as gastrostomy, duodeno-cholecystotomy, jejuno-cholecystotomy, ileo-colostomy, and circular enterorrhaphy. Reference at length was made to the author's success in closing very large wounds of the intestines by the use of a single segmented rubber ring, formed of eight short sections of tubing. The ring being introduced into the intestines, is bent evenly upon itself and the apposition threads being tied, perfect, safe closure of the largest wound is accomplished without stenosis following. The ring devised by the author is very simply constructed by passing a double strand of catgut continuously through from four to eight short sections of rubber drainage tubing of a diameter from one-sixteenth to one-fourth of an inch. To the catgut within the rubber sections are tied the apposition threads. The segmented rubber rings are applied in the anastomotic operations in the same manner as Senn proposed in the use of his bone plates. The advantages of segmented rubber rings over other procedures and devices, is the rapidity with which they may be made, during an operation if need be. In the absence of proper tubing pieces of catheter could be substituted. For the closure of small wounds in the intestines a new suture was proposed. Short rods of decalcified bone, one-sixteenth of an inch in thickness and one-fourth of an inch in width, are perforated at points less than half an inch apart for the passage of the apposition threads, which are attached in this manner: a strand of chromicized catgut or well prepared juniper catgut is doubled, and a single knot is made in the middle of this doubled catgut strand (silk may be used if preferred), and the loop and end threads are passed through the small openings made in the decalcified bone rods. Each thread and loop is threaded to separate needles, the rods are introduced in the wound in the bowel, the needles are passed from within outward less than a quarter of an inch from the wound margins and the loops and single threads are tied in pairs. For this method Dr. Brokaw claimed accurate, rapid, and safe closure of small wounds of the intestines. He preferred a segmented rubber ring in the closure of large wounds.

A description of two new wholly absorbable apposition rings was given, which had experimentally shown most excellent results. One was formed by decalcifying the long bones of chickens and young animals: the process of decalcifying being the same as for making bone drainage-tubes. With short sections of bone so prepared and a double strand of catgut, the rings were made in a manner similar to the described segmented rubber rings. The second wholly absorbable ring was made of short sections of the arteries of large animals. After dissecting the arteries up from their sheaths, they are cut in short segments, boiled five minutes, and into the lumen of each section a glass rod is pushed, and they are then immersed in alcohol for a few days. When the rods are withdrawn, the hardened artery tubes are ready for use. With four to eight short sections of arteries so prepared, approximation rings are easily made by passing a double catgut strand continuously through the lumen as described previously. These rings serve their purpose admirably, are easily made, give a good-sized aperture, and are entirely absorbed in a few days. Experiments were made upon over fifty dogs by the above methods.

German Hospital in Philadelphia.

The German Hospital of Philadelphia had its annual Donation Day, November 28. The administration of this hospital and the care of the sick, in addition to a competent staff of physicians, is entrusted to experienced and devoted German Deaconesses. The hospital has a superior sanitary location, adjoining Girard College, and a large number of comfortable private rooms, which make it a desirable abode in sickness for well-to-do patients. The management has adopted a plan of subscription for persons of moderate means, who can thus, by small monthly contributions, secure free treatment in sickness for themselves or others.

Needle in the Breast, with Communicated Pulsation.

At a recent meeting of the Boston Society for Medical Improvement Dr. Wyman showed a needle which he had removed from the breast of a child eight months old.

The history of the case was as follows: The child was brought to his office, the mother thinking there was something alive in the right chest. On examining, Dr. Wyman found, midway between the nipple on the right and the central line of the sternum, a pulsating area a little smaller than a quarter of a dollar. The skin was red and the pulsation could be plainly seen and felt. In the centre there seemed to be a foreign body, which felt like the head of a pin moving with each pulsation of the heart. The heart-sounds were found to be normal. As the diagnosis was doubtful, Dr. F. C. Shattuck was called in. The prominent point was cut down upon and a needle was found and withdrawn. The direction of it seemed to be toward the right ventricle. The child got well.

Every cardiac systole was distinctly communicated to the foreign body, which must have been in immediate contact with the heart valve or pericardium, if its point was not imbedded in the muscle of the right ventricle.

Dr. George L. Peabody, of New York, showed a year ago in Washington at the meeting of the Association of American Physicians a pin which was imbedded in the wall of the left ventricle and a portion of which projected into the cavity. It was evident from the condition of the pin and the presence of a cicatrix that the pin had lain there for some time. The immediate cause of death seemed to have been Bright's disease. At the time of Dr. Wyman's report, Dr. T. M. Rotch said it was possible that in this case the foreign body had penetrated the heart. About a year ago he showed a slate pencil, which in all probability had penetrated one of the ventricles. The child recovered.

Complications of Gonorrhœal Rheumatism.

A. C. Bornemann, of Copenhagen, has recently described the various forms of complication which are met with during an attack of gonorrhœa, of which the symptoms are analogous to those attributable to rheumatism. The most common seat of so-called gonorrhœal rheumatism is that of articulations; then follow the tendons, the periosteum, nerves, muscles, eyes, and lastly the pleura. The author's observations were based upon 278 cases of patients suffering from gonorrhœa, who came under treatment in the wards of the hospital at Copenhagen. In these patients the knee was affected 240 times, the foot 151, the shoulder 68, the metacarpo-phalangeal joints 52, the other articulations of the hands 51, the hip 46, the elbow 45, the jaw 12. The presence of increased amount of fluid in the synovial sacs was frequent but not constant; for example in the 240 instances in which the knee was affected, the excess of fluid was noted in 183 times. Affections of the tendons and synovial bursæ occurred in 41 patients; four other patients suffered from periostitis; while there were three cases in which muscles were attacked. Out of this number of 278 patients the author met with two cases of endocarditis, gonorrhœal ophthalmia was comparatively frequent, having developed in 45 instances, and sciatica occurred five times. With reference to the question of the discovery of the gonococcus in the synovial fluid of a joint attacked with gonorrhœal rheumatism, confirmation of the statement is still wanting. The author has found several times in the synovial fluid of the knee after puncture, micro-organisms which do not comport themselves like gonococci. He believes them to be identical with the cocci found in the tissues invaded by suppurative processes.—*Med. Press and Circular*, Oct. 23, 1889.

No Mortuary in Paris.

Efforts have been made on various occasions to provide mortuaries in Paris for persons who, for any reason, were not domiciled anywhere at the time of their death. A painful instance of the inconvenience resulting from the want of them occurred last month and is referred to in the *Med. Press and Circular*, Oct. 23, 1889. A journalist, in the last stage of phthisis feeling better one day, took advantage of this to induce his brother to bring him in a cab from the outlying suburb, where he had been residing, into Paris. He, however, succumbed soon after passing the *barrière*, and then began, for the brother, a tedious and horrible promenade. Refused at his own hotel, declined at the hospital, on the ground that it was not a mortuary, rejected at the Morgue, because only the unidentified dead are received there, the whole night was passed in perambulating the streets in the cab with the dead body of his brother that nobody would receive. It was only by a derogation from the rules of one of the hospitals that the brother was enabled to find a temporary resting place for the deceased.

Colored Spectacles.

Dr. Königstein, while giving directions in his class on the uses and prescribing of spectacles, said that green glass as a protection against strong rays was worse than useless, and did more harm to a sensitive eye than good, as they allowed the yellow rays to be transmitted and unnecessarily irritate the eye. As a protection against strong rays the blue or smoked glasses were the only real protection. The blue should be light, as a deep blue color produces a clear violet disc in the centre of the lens which apparently corresponds to the fovea centralis, and by a protracted use of dark blue spectacles the patient may become annoyed by the mosaic work of the fundus of the eye appearing before him. The phenomenon seems to be connected with the pigment changes in the macula lutea.—*Medical Press and Circular*, Oct. 2, 1889.

Chrysarobin for Hæmorrhoids.

Dr. Kossobudskii speaks of this drug in high terms, but he differs with Unna as to the proportion to be used in the ointment employed. Dr. Kossobudskii uses two and a half per cent. instead of five per cent. of chrysarobin as Unna prescribes. After washing the swelling with a two per cent. lotion of carbolic, or a one per cent. lotion of creolin, he applies the following ointment twice or three times a day:—

℞	Chrysarobini	gr xij
	Iodoformi	gr jvss
	Ext. belladonnæ	gr jx
	Vaselini	℥jv

M. et fiat ung.

Or a suppository may be made with cocoa butter. If bleeding be present tannin may be combined in the above formula. Dr. Kossobudskii affirms that the pain, smarting, and bleeding will disappear in three or four days under this treatment.—*Medical Press and Circular*, Oct. 2, 1889.

The Removal of Hairy Moles.

Hairy moles frequently occur upon the face or upon other exposed portions of the skin. Heretofore the removal of these blemishes has been effected by means of the knife, electrolysis or caustics. The first and last methods are limited in their applications by the extent of the mole. The second method is frequently tedious. A new procedure is to apply ethylate of sodium, one thorough application being sufficient. A bland ointment is used as a dressing, and the result is a very thin, flexible scar which is scarcely perceptible. Of course, the ethylate of sodium is applied to the patient only under chloroform, as it is exquisitely painful.—*Medical Chips*, Sept., 1889.

NEWS.

—A New Hospital for chronic invalids will soon be opened in New York, it is to be called the Isabella Heimath, and will be non-sectarian.

—The Episcopal Hospital in Philadelphia is now prepared to furnish nurses from its Training School, either for private cases or for institutions.

—The "Charity Club," a philanthropic institution of Boston, is said to contemplate the establishment of a new hospital for the surgical treatment of diseases of women.

—The seventieth birthday of Professor Bardeleben, of Berlin, was celebrated October 15. A marble bust of the well-known teacher was unveiled in the garden of the Charité Hospital, in Berlin.

—Dr. J. Emerson Kent, well known as an author, inventor, and physician, died in Philadelphia, November 20, 1889. He was born in 1811, in England, and was graduated from King's College, London, in 1839.

—The New York Board of Health decided, on November 19, to resort to radical measures to rid the city of the stenches caused by the manufacture of gas. The Board is prepared to carry its case into the Courts.

—Professor Wm. Pepper, of Philadelphia, will deliver the Middleton Goldsmith Lecture before the New York Pathological Society, in the hall of the Academy of Medicine, on Wednesday evening, January 15, 1890. The subject of the lecture will be "Hepatic Fever."

—Miss Clara Barton, the president of the Red Cross Association, left the Conemaugh Valley, October 25, closing the greatest campaign the Red Cross has hitherto enlisted in. A public reception was given Miss Barton before she left, which was largely attended by all classes.

—Dr. Brown-Séquard is still actively engaged in experimenting with his "Elixir of Life,"—which he does not call by this term, however. He is very sanguine as to the ultimate success of the fluid, and intends shortly to publish the results of his investigations in the *Archives de Physiologie.*

—The City of Brooklyn proposes to increase its supply of water by a ten-mile extension to Massapequa Pond, and has received bids for the work. The successful bids aggregate $3,071,000, which exceeds the estimate of the engineers. The largest excess over estimate is in a section where a very heavy iron pipe is necessary, and is due to the appreciation in the price of that metal.

—The Russian Academy of Sciences offers a prize of 5,000 roubles ($2,500) for the best inquiry into the nature and effects of the poison which develops in cured fish. The competition is open to all. The memoirs must be sent in, either in manuscript or printed, before January 1, 1893, and may be written in any one of the following languages: Russian, Latin, French, English, German.

—It is reported in the St. Louis *Post-Dispatch* of October 15, that a woman living in Fort Smith, Arkansas, seventy-one years old, gave birth, on October 14, to a well-formed and healthy male child. Two years ago the woman, then a widow, married a young farm-hand employed by her. The case has caused a great deal of excitement among the neighboring physicians and it will be thoroughly investigated.

—The executive committee of the Tenth Annual Charity Ball in Philadelphia has selected four charities to receive the proceeds from the sale of tickets. They are the Sheltering Arms of the Protestant Episcopal Church, which provides for the careful placing of mother and child in proper positions in the country; the Philadelphia Lying-in Charity and Nurse School, the Polyclinic Hospital, and the Visiting Nurse Society.

—On November 18, Dr. J. L. Baker, a well-known dentist of West Chester, Pa., died at his residence from the effects of an attempted suicide by hanging in his stable on November 16. He was found hanging by a halter strap by his assistant, Dr. Scott, who cut him down, and prompt medical assistance seemed to resuscitate him, but death ensued from congestion of the brain. He was 46 years old, and a few years ago was Demonstrator of Operative Dentistry at the University of Pennsylvania.

—The epidemic of cholera, which is now raging in Mesopotamia, first made its appearance on August 14, in Bagdad, and from there spread down the valley of the Tigris. One month later, September 15, 5,393 deaths had been reported, and this figure represented only a small portion of the actual deaths. Numerous towns along the Karun river have been completely deserted. The latest, and most authentic reports state that the disease is still on the increase; many towns along the Persian Gulf and the valley of the Euphrates having become infected.

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CLINICAL LECTURE.

CHRONIC HYDROCEPHALUS.—PRIMARY DENTITION.[1]

BY LOUIS STARR, M. D.,
CLINICAL PROFESSOR OF DISEASES OF CHILDREN IN THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA; VISITING PHYSICIAN TO THE CHILDREN'S HOSPITAL, PHILADELPHIA, ETC.

Gentlemen: I wish to ask your attention to-day to the condition known by the laity as "water on the brain," or scientifically speaking, hydrocephalus. A division into acute and chronic hydrocephalus is often made, but the term "acute hydrocephalus" is a bad one, for it merely indicates one result of a very distinct disease, namely, tubercular meningitis. We may put it to one side therefore, and devote our attention to chronic hydrocephalus.

Chronic hydrocephalus is a condition in which there is an accumulation of fluid, either in the ventricles of the brain or in the subarachnoid space; hence the division into internal and external hydrocephalus. The accumulative fluid is alkaline in reaction and is similar to the normal cerebro-spinal liquid, but has a higher specific gravity and contains a trace of albumin with sodium chloride and urea.

In addition to the divisions based upon the position of the accumulation of liquid, it is customary to divide chronic hydrocephalus into two varieties, viz., the congenital and the acquired.

Congenital hydrocephalus begins while the fetus is in utero, it is the form most commonly met with, and the accumulation of liquid is almost uniformly in the ventricles, or "internal." The quantity of liquid collected varies from a few ounces to several pounds. The causes of this form of disease are obscure, though there is probably always some precedent inflammation of the lining membrane of the ventricles. Why this should occur is uncertain, but we usually get a history of intemperance, syphilis, rickets or some marked nervous disease, as epilepsy, in one or other parent. It is said also that hydrocephalus is very apt to occur in the children of men who have worked in lead and suffered from lead-poisoning. The cause, too, of congenital hydrocephalus is not a temporary one, for it is very common to find several successive children, born of the same mother, affected by the disease.

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[1] Delivered at the University Hospital.

The first effects of the accumulation of liquid in the ventricles is exerted upon the brain tissues, the brain substance is thin and the convolutions become flattened. Next the bones of the skull feel the internal pressure and the head becomes distended. The frontal bone is pushed forward; the roofs of the orbit are depressed so as to flatten the sockets of the eyeballs, and the occipital bone and the squamous portions of the temporal bones are forced outwards almost horizontally. By the distending process all the sutures are widened, and the enlarged bulging fontanelles communicate by the sagital suture. The shape of the head is almost always globular. Ossification of the cranial bones is delayed and small islets of bones (Wormian bones) form in the membranous interspaces. From this brief description of the morbid anatomy you can readily see that you must look to the head for the main symptoms of the disease. The head is large and globular, sometimes so heavy that it anchors the child to the bed, the veins of the scalp are dilated and prominently visible, the skin of the cranium seems to be thin and stretched, the hair is sparse and the fontanelles and sutures bulging and distinctly fluctuating on palpation. In contrast with the enlarged head we have a small pale face, presenting a peculiar expression of the eyes, the eyebrows are elevated, probably on account of the stretching of the skin of the scalp, the eyeballs project slightly, the axis of vision has a downward direction and the upper lid is retracted so as to expose the sclerotic above the iris, while the lower lid covers too much of the eye. Generally the frame is wanting in development, and the thin emaciated body presents a marked contrast to the enlarged head. The skin is pale and may be over-sensitive, although anæsthesia is the usual condition, while the muscles are flabby, and there is a marked deficiency in the subcutaneous fat. Of other symptoms I will mention blindness from atrophy of the optic nerve; nystagmus, deafness, impaired intellect, unsteady gait in moderate cases, and absolute inability to walk in serious ones. Among the more marked nervous symptoms are laryngismus stridulus, general convulsions, muscular twitchings, spastic contractions of the limb, and temporary paralysis. Beyond spasmodic breathing the respiration is unaffected and the pulse with the exception of being weak and frequent shows no especial alteration. There is often excessive hunger and sometimes vomiting; the bowels are usually confined though the habitual sluggishness may be interrupted by occasional attacks of diarrhœa.

Of course the gravity of the symptoms varies with the size of the head, *i. e.*, the amount of liquid accumulation; on one hand, patients are seen who, with a moderately large head, present few symptoms, while, on the other hand, one sees cases of immense enlargement of the cranium where the child is unable to move without assistance, has no intellection, and leads almost a vegetable existence, simply eating, breathing, and sleeping. The case that I show you affords a good illustration of what I have said.

The patient, a girl six months old, is the second child, the first having been stillborn. The father and mother are both healthy and one maternal uncle died of epilepsy. The mother states that the child was well formed at birth, and the enlargement of the head was not observed until the fourth month. About this time she began to have convulsions, having on some days as many as six; there was also frequent muscular twitching, spastic contraction of the right arm and leg, and, at times, temporary paralysis of these limbs. The child has shown some disturbance of gastric digestion and occasional attacks of diarrhœa. In this clinical history I would call attention to the statement that the child was born well formed. You will get this history in almost every case of congenital hydrocephalus, for although the disease begins while the child is in utero, the characteristic symptom—enlargement of the head—is rarely noticed until about the sixth month of life. As you see the case to-day you will notice that the child's head is decidedly enlarged and globular in shape and has a tendency to fall to either the one or other side, the skin of the cranium is thin and stretched looking, the hair is sparce and the veins on either side of the head are quite prominent. On palpation the fontanelles are found to be large and bulging, and the sutures, especially the sagital, widely open. The eyebrows and upper eyelids are somewhat elevated but on account of the moderate degree of enlargement the eyes do not show the characteristic features already mentioned.

You will observe the face is small in comparison to the size of the head, you see also from the pallor of the skin and from the small size of the trunk and limbs that the general nutrition is decidedly impaired. The tongue is somewhat coated, the appetite is poor, and the bowels confined. The two lower incisor teeth are about to be cut. This is an important factor in the diagnosis, as you will see later. Since the administration of bromide, which was begun a week ago, there have been no more convulsions, though a tendency to contraction and twitching of the muscles continues, and there is some hyperæsthesia of the surface.

In this case you see that many of the characteristic symptoms of the disease in question are illustrated. In regard to the diagnosis one point must be borne in mind, namely, that every enlarged head is not hydrocephalus. In rickets the head is often enlarged and the anterior fontanelle long in closing. The shape of the head, however, is square, the increase in size is never nearly so great as in hydrocephalus, dentition is markedly delayed, and we find other evidences of rachitic change in various bones of the skeleton. It must be remembered, however, that rickets and hydrocephalus often exist together. In syphilis, too, the head may be enlarged from thickening of the cranial bones, especially the frontal. Here again the enlargement is less extensive, and unmistakable evidences of the constitutional taint can usually be found upon the skin and mucous membrane.

The prognosis of congenital hydrocephalus is unfavorable, the majority of the patients die before the end of the second year, though in some cases the disease is arrested and individuals have been known to reach adult life and even old age. In these cases the head remains large and unsightly, and the intelligence is more or less blunted. Convulsions, twitching, contraction of the head and other signs of cerebral irritation are unfavorable symptoms. So again are continued wasting and looseness of the bowels. As there is almost uniformly impairment of nutrition, the occurrence of any inter-current disease is apt to prove fatal.

Acquired hydrocephalus is a rare condition and usually occurs before the end of the third year. It is induced by any cause which interferes with the cerebral circulation, such as tumors pressing upon the veins of Galen or straight sinuses, impeding the escape of blood from the ventricles. Enlarged glands pressing upon the veins of the neck may produce the same result. It may also be a consequence of anemia, rickets, and other acute and chronic exhausting diseases which are attended by impoverishment of the blood. Again it may be one element of general dropsy due to disease of the heart or kidneys.

The fluid in acquired hydrocephalus is usually in the ventricles, or internal; it may, however, be found upon the surface of the brain and is then usually a consequence of meningeal hemorrhage.

The symptoms are very similar to those that occur in the congenital form, provided the effusion occurs before ossification of the skull is completed; if, on the other hand, it takes place after the fontanelles and sutures are closed the symptoms are obscure, for there is no distention of the cranium. The child usually becomes dull and heavy, there is headache, vertigo, and often a difficulty in supporting the head, so that the patient lies about and dreads movement. Walking is cautious and tottering, muscular twitching or convulsions come on, the pupils become sluggish and dilated, and the pulse becomes slow. Then there is stupor deepening into coma, and finally death.

The treatment of hydrocephalus is most unsatisfactory. One should endeavor to keep the child's digestion in good condition and to maintain the general nutrition by means of good food and tonics; of the latter the emulsion of cod liver oil with the lacto-phosphate of lime is probably the best. Good results have been claimed from a long-continued course of bichloride of mercury in minute doses, but I have had no experience with this method of treatment. Locally it is well to anoint the scalp with mercurial ointment, using oleate of mercury (50 per cent.) or compound iodine ointment. In applying these, the delicate condition of the skin must be borne in mind, and everything done to preserve the scalp intact by scrupulous cleanliness and occasional interruptions in the inunctions. Two plans of treatment have been suggested neither of which have been very satisfactory in their results. The one consists in strapping the head, and the other in tapping the ventricles. In the first of these we must avoid making too much pressure. The hair should be shaved and the skin bathed with alcohol and water before each new application of the strap. Strips of ordinary rubber adhesive plaster one-half inch wide should be carried around the head from one occipital region to the corresponding temporal region, covering the whole of the cranium, and the ends fixed by a circular fillet. In performing the second operation, a fine trochar and canula should be inserted one-half inch to one side of the lateral angle of the anterior fontanelle. The fluid should be allowed to run until it stops of its own accord. No pressure nor aspiration should be made. The head should then be strapped to maintain the needed pressure. The parents should always be forewarned of the probable failure of the operation, for the fluid may reaccumulate rapidly, and also of the danger of convulsions and death.

Primary Dentition.

The advance of the two incisor teeth in the case I have shown you, have hinted to me that it would be well to occupy the remainder of this hour with a few remarks upon the subject of primary dentition.

You know that normally the human being cuts two sets of teeth, the primary or milk teeth—so-called from their whiteness—and the permanent teeth.

Primary dentition is usually performed between the fourth and thirtieth months. The teeth, in this set, are twenty in number, and are cut in groups, a period of rest occurring between the eruption of each group. The first teeth to appear are the two central incisors of the lower jaw usually at the sixth or seventh month, though at times as early as the fourth. Then there is an interval of from three to nine weeks followed by the eruption of the second group, the four incisors of the upper jaw, between the eighth and tenth months. This is followed by an interval of from six to twelve weeks, when the third group appears, the two lateral incisors of the lower jaw and the four first molars, between the twelfth and fifteenth months. After a rest of twelve weeks, the fourth group appear, the canine or eye and stomach teeth, between the eighteenth and twenty-fourth months, and this is followed by a period of from four to twelve weeks before the appearance of the fifth group, the four last teeth or posterior molars, by the thirtieth month.

The period of rest is a very necessary and important one. During dentition there is a disturbance of the whole system, and should all the teeth be cut at once the child would be made very ill. Therefore this period is required for recuperation.

The normal plan of eruption may be deviated from. The teeth may be cut too early. I have seen cases in which the first group of teeth was present at birth, while it is not unusual to see them by the fourth or fifth month. Nor is this an unfavorable circumstance, for an early dentition is usually an easy one. It is more apt to occur in children fed from the breast, and in girls than in boys. Next, dentition may be delayed, and the first teeth not appear until the eighth or ninth month, nor the last group before the third year. This delay in dentition should always bring up the question of rickets. It is more apt to occur in bottle-fed babies. Again the teeth may be cut irregularly, the groups not appearing in their normal sequence, or a number may appear at the same time. Delayed and irregular dentitions are both apt to be hard, and to give rise to certain symptoms of disease. The teeth most apt to give trouble are the third and fourth groups, but it is a fact that if one group causes a great deal of trouble, the remainder are apt to be cut without difficulty. The symptoms attending dentition are as follows: When you examine the jaws of a child in whom the teeth are not advancing you will observe that the gums are of pale pink color and have a well-marked ridge-like margin. When the teeth advance this ridge disappears, the gums become swollen, reddened, and moderately hot and tender to the touch. There is some increased salivation and the gum is the seat of moderate pain. These features of the normal process continue until the tooth pierces the mucous membrane, but are never so severe as to cause any disturbance to the child.

In difficult dentition all of these normal symptoms are exaggerated so that we may have catarrhal or apthous stomatitis, with pain, fever, loss of appetite, and general malaise. Other local conditions are ulceration on either side of the frænum linguæ from friction from the sharp edges of the lower incisors and profuse salivation. The latter condition is an important one for it may lead to so much wetting of the garments as to produce and maintain a severe bronchial catarrh, which, by the way, is apt to resist medical treatment unless the clothing be kept dry by a bib of oil silk or rubber cloth.

The general conditions attending difficult dentition are enlargement of the lymphatic glands at the angle of the jaw, certain eruptions upon the skin, especially eczema, strophulus, and urticaria; vomiting, diarrhœa, infantile convulsions, so-called dental paralysis—the latter being probably a condition of anterior polio-myelitis; blenorrhœa, and otorrhœa are also common complications.

Many authors have denied the connection of these symptoms with the eruption of the teeth, as they regard dentition as a physiological process and therefore incapable of inducing symptoms of disease. I think, however, there is an undoubted connection, for the interval between the fourth and thirtieth months of an infant's life—the period of primary dentition—is a year of great and widely distributed progress. Not only are the teeth advancing but the follicular apparatus of the stomach and intestinal canal is undergoing development in preparation for the digestion and absorption of mixed food, the cerebro-spinal system is rapidly growing and functionally very active, and the organs and tissues of the whole body are in a state of rapid change. This period of normal transition must also be one in which there is great susceptibility to disease, provided there be a causal influence at work. Such an influence may either originate outside of the body or come from within in the form of some physiological process. Difficult dentition in my mind stands prominent in the latter class.

Whichever of the above symptoms may be present, appropriate medical treatment is of course indicated, but I would especially call your attention to the propriety of lancing the gums over advancing teeth so as to thoroughly free them and do away with backward pressure and consequent irritation of the delicate nervous system. One should not wait until the gums are soft and swollen and until the edge of the tooth can be seen through the mucous membrane but should cut freely down, so as to divide the denser layers of gum and connective tissue whenever any of the complications I have mentioned are present, and examination of the gums shows advancing teeth. The operation is never properly performed unless the edge of the lancet can be felt to grate against the tooth. The incision over incisor teeth should be linear, over the canines rectangularly crucial, and over the molars obliquely crucial.

COMMUNICATIONS.

FLAP-SPLITTING IN PERINEORRHAPHY, WITH SPECIAL REFERENCE TO TAIT'S OPERATION.[1]

BY X. O. WERDER, M. D.,

PITTSBURGH, PA.

(*Continued from page 599.*)

The old method of Tait is described as follows, by Edis in his work on *Diseases of Women*, page 445:

"*Tait's Old Method.*—He (Lawson Tait) employs sharp-pointed scissors, running the point of the lower blade through the skin and mucous membrane (along the line c c c), to such a depth as will enable the operator to turn a flap backward from each edge of the rent into the rectum. In making this incision, it is important not to cut at right angles to the vaginal surface, but at a somewhat acute angle to it, so as to bevel the flap outward. The depth of the incision must also be so regulated as not to risk the life of the flap. When the raw surfaces are adjusted and fastened together, it will be seen that these everted flaps form a valve, uninterrupted by stitches, which closes from the rectum, and must, therefore, greatly aid the healing of the wound by preventing the admission of feces. To this peculiarity he attributes very largely the uniform success he has with this operation in a large number of cases. He uses no special needle: either a long-handled curved one, or a common curved needle in a needle-holder, threaded with some of Pearsall's pure silk, which he prefers to wire or silkworm gut. The upper stitch (1, Fig. 9) is first introduced. The needle may be passed from either side into the septum, about an inch from the apex of the rent, and its entrance and exit should always be just at the line of reflexion of the flap (*b b*). It is passed in the thickness of the septum and brought out within a quarter of an inch of the rent, entered again and passed similarly in the thickness of the septum and out again opposite its vaginal entry.

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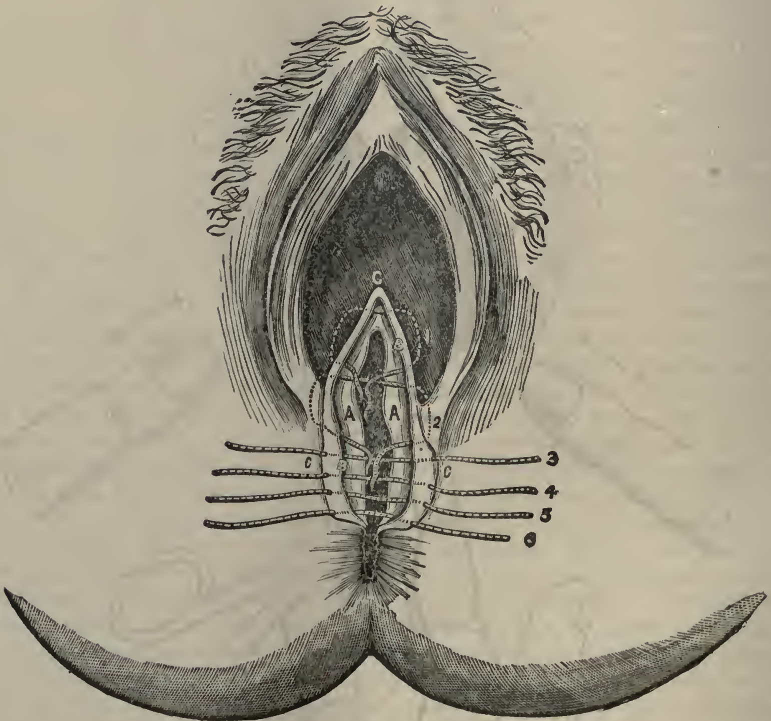
[1] Read before the meeting of American Association of Obstetricians and Gynecologists in Cincinnati, Sept., 1889.

If properly passed it should not, when tightened, be seen or felt either in the vagina or rectum, but should pass between the two mucous surfaces through its whole extent.

"The stitches are not to be tightened, however, until they have all been placed. If necessary, on account of the extent of the cut, a second, similar to the first, should be placed lower down (2). As a rule, one row with the perineal stitches will be enough; indeed, in very many cases the perineal stitches will do all that is required, and septal stitches are needed for bad cases only. The perineal stitches should never be less than three in number, and should usually be four. The third (5 in Fig. 9) should be introduced just within the line of the incision on a plane with the septum and its stitches, if there be any.

Fig. 9.



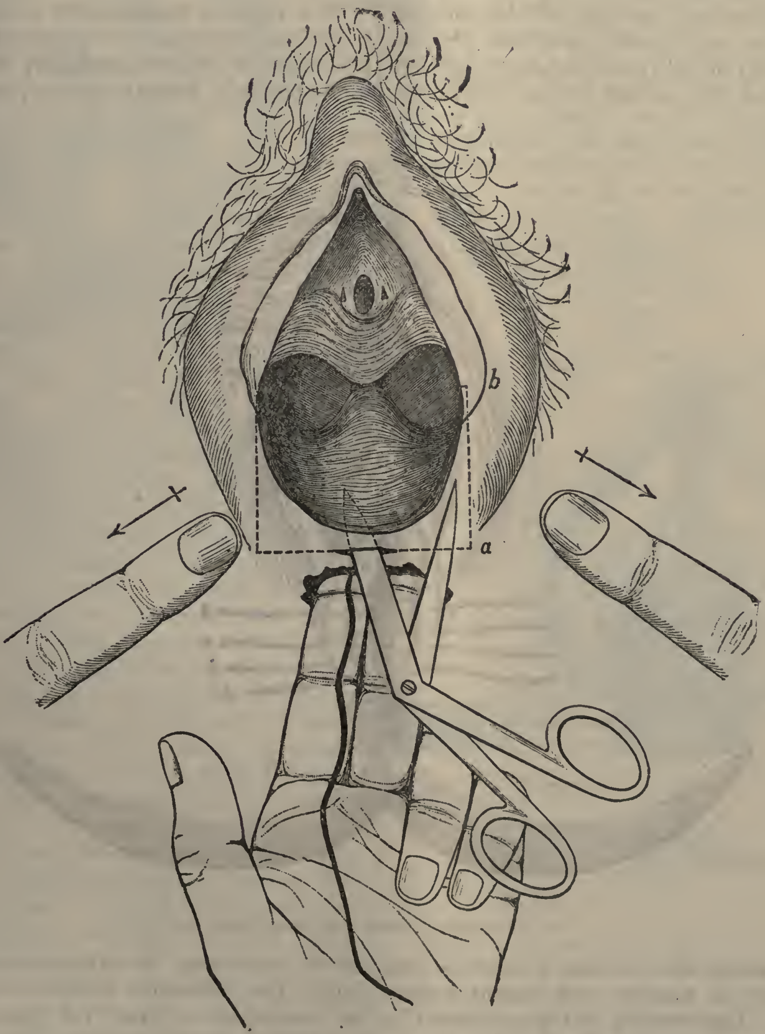
Tait's old method. Complete laceration of perineum.

"All bleeding having been stopped and the wound thoroughly cleansed, the septal stitches are to be first secured, care being taken that the flaps are turned well into the rectum, and not caught in the tightened stitch—this being really the most important part of the operation. The middle perineal stitch is then to be secured and then the posterior, the same precaution with the flaps being taken. The anterior stitches are then to be secured and the ends of all cut off, leaving about half an inch of thread. If the two edges of the incision do not lie quite close together, two or three superficial stitches had better be placed to bring them close."

That there is considerable difference between the operation just described and the new method of perineorrhaphy introduced to the public by Sänger, anybody can readily see by comparing the accompanying woodcuts. The difference consists not only in the formation of flaps, but particularly in the introduction of sutures. In the above operation the septum is stitched separately; in the new operation this is discarded entirely, all the stitches introduced being perineal. The new operation is, therefore, undoubtedly an improvement over the old one, not only in its remarkable simplicity of technique, but also in its results.

The patient to be operated on is prepared in the usual way, by the administration of laxatives for several days previous to operation and an enema on the morning of the operating day, or rather several hours before operation. The field of operation is shaved and thoroughly cleansed with soap and water, and then disinfected by a one to one thousand sublimate solution. I generally employ, during operation, irrigation of a one to four thousand bichloride solution, and in complete ruptures simple distilled or boiled water, or a weak solution of creolin. The legs are held in position by a Kelly leg-holder. The instruments necessary are a sharp-pointed scissors, preferably curved, a long Peaslee needle, an ordinary small curved needle and needle-holder for superficial sutures, one or two artery-forceps, and an equal number of tenacula, though the latter can easily be dispensed with. This is the whole instrumentarium necessary for this operation.

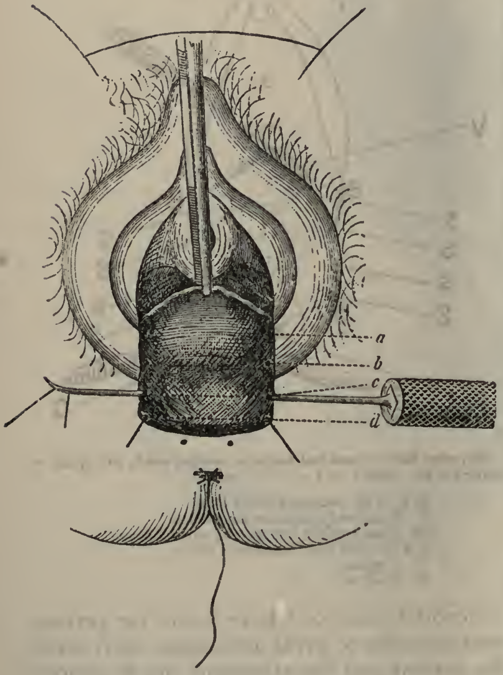
Fig. 10.'



Tait's new operation for incomplete laceration of perineum, taken from Sänger.

Tait's New Operation for Incomplete Ruptures of the Perineum.—It is well to introduce a tampon of iodoform gaüze, with ligature attached, into the rectum, for the double purpose of causing bulging out of the posterior vaginal wall, and to prevent the escape of fecal matter during the operation. One or two fingers of the left hand are placed in the rectum in order to steady the vulvar and posterior vaginal wall, then the points of the scissors are inserted transversely (Fig. 10) midway between the posterior commissure of the vagina and the anus as far as necessary, cutting first on the one side, then on the other side, undermining the whole cicatrix thoroughly to a point met by a straight line drawn from the external border of the juncture of the small and large labia (Fig. 10, *a*). Turning the scissors then from the horizontal to the vertical position (*a b*, Fig. 10), the incision is prolonged along the left labium majus to the point at which we intend to form the posterior commissure, usually a little external to the lower border of the nymphæ (*b*). The same incision is repeated on the other side. The whole flap, which now presents a rectangular outline, is loosened and raised up by a tenaculum or the finger. The flap, when completely dissected off, loses its angular form and shrinks considerably, assuming an oval shape. It is lined by skin all around taken below from perineum, and on the sides from labia majora, except, of course, at its seat of attachment, where it is continuous with the vaginal mucous membrane. The bleeding is usually not considerable, and easily controlled by irrigation with hot water; sometimes, however, it is necessary to grasp a few small arteries with the forceps and twist them. Ligatures are very rarely required.

Fig. 11.

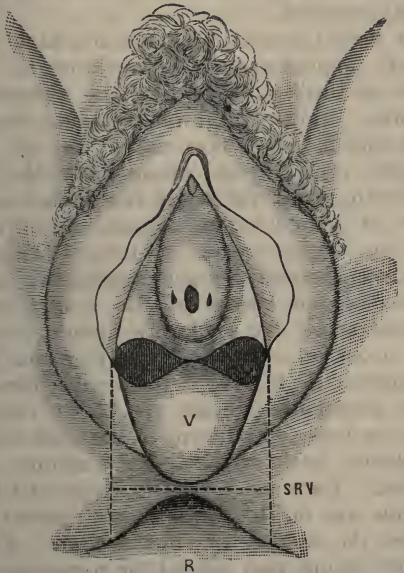


Method of inserting sutures.—(Taken from Sänger.)

In regard to suturing material I have followed Sänger, who uses silver wire for the deep and silkworm gut for the superficial sutures. Tait himself, it is said, also Mundé and others, uses silkworm gut for all the sutures, others again, prominently Martin, of Berlin, unite the whole raw surface with rows of buried catgut sutures. With one or two fingers in the rectum, a Peaslee needle is inserted about an eighth of an inch from the left border of the wound, and carried under the whole raw surface, bringing it out on a corresponding point on the opposite side (Fig. 11). The silver wire is then passed through the eye of the needle and the latter withdrawn. The wire is not tightened until all the deep sutures are placed. Care must be taken that all the sutures are buried, but do not penetrate either the vagina or the rectum. One suture should pass behind the recto-vaginal juncture—*i.e.*, the place where the flap is attached to the rectum. More than three or four deep sutures are rarely needed. When the stitches are tightened it will be found that the edges of the skin come together very nicely; when this is not the case, however, they are brought into contact by some superficial sutures. One or two superficial sutures are nearly always required at the new posterior commissure of the vagina, where there is apt to be a little gaping. The superficial sutures are cut short but the deep ones I am in the habit of leaving long, as they serve to hold the dressing in position. The wound is now washed off again with the antiseptic solution, dusted with iodoform, and covered with a layer of absorbent cotton.

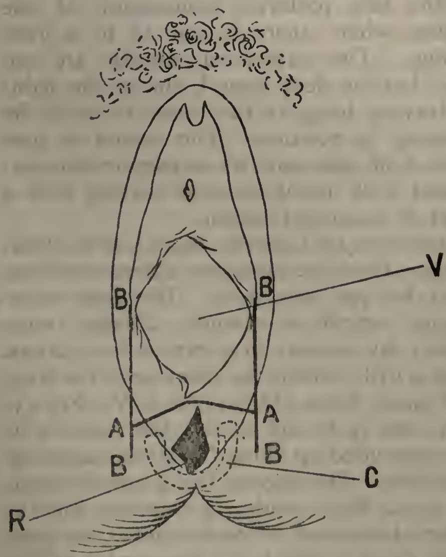
Operation for Complete Rupture of the Perineum.—Here the operation differs very little from that just described. The torn recto-vaginal septum is carefully divided transversely by scissors to a vertical line, drawn from a little outside the juncture of the large and small labia (Fig. 12, S R V; Fig 13, A A, and A B and A B); the incision is then extended up along the labia majora on each side. The vaginal being now finished, the rectal flap is made by carrying the incision downward to each side of the anus (Fig, 13, A B and A B), just outside of the stumps of the sphincter muscle (Fig. 13, C). The whole incision resembles the letter H. Now raising up the vaginal flaps with a tenaculum, and turning down the rectal flaps

FIG. 12.



Tait's new operation for complete rupture of perineum, taken from Sänger.

FIG. 13.



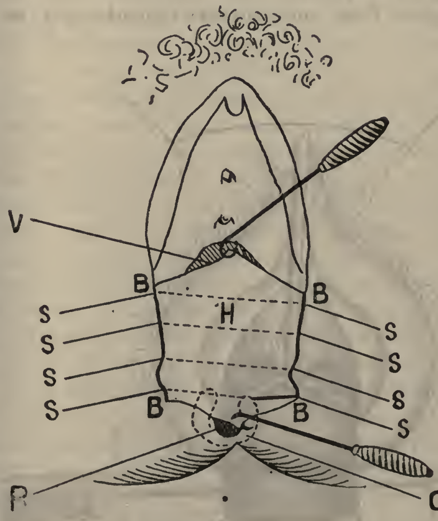
Showing lines of incision.—Made for the author by Dr. C. S. Shaw.

A A. Incision through recto-vaginal septum.
B B, B B. Incisions along labia.
C. Ruptured sphincter ani muscle.
V. Vagina
R. Rectum.

into the lumen of the rectum (Fig. 14), the raw surfaces will be found in such close contact as if stitched together. The sutures are introduced in exactly the same manner as previously described (Fig. 14, S S S S), but it is very important that the last suture should pass through the torn ends of the sphincter ani muscles (Fig. 14, S B, S B).

The bowels are moved on the third day by a laxative, and unless regular, the laxative is repeated every other day. Only liquid diet is allowed the first few days. Instead of catheterizing the patient I have lately been in the habit of introducing a permanent catheter immediately after operation, consisting of a Skene-Goodman catheter, to which is attached a rubber tube two to three feet long, closed by a stopcock. This is very convenient when the operation is performed in the patient's house and when no trained nurse is at hand. Even in hospital practice I have found the permanent catheter of great advantage, as it saves the patient and the attendant much annoyance and, if made perfectly aseptic, there is less danger from cystitis. It does not give the patient any inconvenience whatever; in fact, it was left in the bladder in one case for seven days by mistake without causing the slightest trouble.

FIG. 14.



Showing flaps raised and sutures inserted ready for tying.—Made for the author by Dr. C. S. Shaw.

B B, B B. Incisions along labia.
C. Ruptured sphincter ani muscle.
H. Raw surface exposed by raising flaps.
S S S S S S S S. Sutures in place.
V. Vagina.
R. Rectum.

The after-treatment consists in changing the dressing of absorbent cotton whenever it becomes soiled, blowing some iodoform on the wound each time. The wound should be irrigated after every motion from bowels or bladder. Vaginal injections are not necessary. The pain is usually very slight and anodynes are rarely required. The superficial sutures are removed on the eighth day and the silver wire on the fourteenth day. Sänger removes all sutures now on the twelfth day and allows the patient to leave the bed. The wound is generally perfectly healed at that time. Occasionally there is a small granular surface at the seat of the wire sutures, which, after they are removed, heals in a few days. In two of my cases a small recto-perineal fistula formed. The first case had uterine prolapse, with cystocele and recto-vaginal fistula, there having been a rupture of the recto-vaginal septum and perineal muscles, leaving, however, the perineal skin intact. An operation for closing the perineal laceration had been done fifteen years ago, leaving a recto-vaginal fistula which had remained open ever since. I amputated the cervix, made an anterior colporrhaphy, using buried catgut sutures, closed the recto-vaginal fistula with catgut and restored the perineum by Tait's method, all at one sitting. Her bowels were moved on the fourth day by a laxative. On the sixth day she had great tenesmus, sitting on the bed-pan all day without being able to pass anything. When I saw her late in the evening I found a large, hard mass in the rectum which I had to break up with my hand. In washing out her rectum I noticed that some of the water was escaping through the perineal wound. The recto-vaginal fistula had evidently re-opened through her straining and permitted water and fluid feces to pass through. This fistula closed up, however, in a short time, and the result of the operation was very satisfactory.

The second case was an extremely unfavorable one for operation. There was not only a rent extending from two to three inches up into the rectum, but the rectum was prolapsed, protruding about two inches when the patient was in the horizontal position, but when on her feet or in the act of defecation it came down certainly six or seven inches. The rupture had existed for at least fifteen years, and during the last six months locomotion had almost become impossible. In order to make the flaps sufficiently large to cover the defect and to prevent their sloughing, the incisions were made very deep both up the vagina and into the buttocks. In this case a recto-perineal fistula formed because one of the silver wire sutures, of which there were seven, broke. Though at the last examination, about two months after the operation, there was still a small fistula present, it had contracted so that no fecal matter escaped through it. In order to retain the bowel and to secure it against prolapse, after returning the bowel to its normal position, I passed one of the silver sutures through the external coat of the rectum. The patient has almost complete control of her bowel now and there is not the slightest tendency to prolapse. Physically the patient is now perfectly well, but her mind, which was slightly unbalanced before the operation (due, as we thought, to her wretched condition), is now entirely deranged, so that her transfer to an insane asylum became necessary.

In my first operation I followed Sänger's advice to insert the sutures exactly at the edge of the wound, but within the wound surface. But I have found that when the sutures were tied the skin borders became slightly separated, requiring a number of superficial sutures to keep them coaptated. In the subsequent cases, therefore, I inserted the needle just within the skin, about one-eighth inch outside of the borders of the wound, thereby causing more accurate coaptation of the wound surfaces. If too much skin is caught within the stitches, it is apt to roll in, thereby preventing primary union.

In regard to the depth of the incision no definite rule can be given. In perineorrhaphy for incomplete rupture the flap does not need to be thick and fleshy, one-eighth to one-fourth inch being certainly sufficient. This will suffice also for the ordinary complete rents through the sphincter ani, but in cases of very deep tears extending high up into the rectum, such as the case just described, the dissection must reach a considerable distance above the rectal rent and into the buttocks, as we need a large, thick and bloody flap, one that will not only be able to cover the very extensive defect but which will live and not become gangrenous.

My experience with this operation has been extremely satisfactory, though limited to eight cases. Three of these cases were complete lacerations, all of them healing by first intention except the one described in which a small recto-perineal fistula remained, now rapidly closing up, however. The results have been perfect in each case, as also in five cases with incomplete ruptures. One of these was complicated with recto-vaginal fistula of long standing, which I sewed up with catgut before performing Tait's operation. Zweifel and Sänger each report one case of fistula, for which no extra treatment was used, and both of which were cured permanently by Tait's operation for the repair of the perineum. In one case I amputated the cervix and performed anterior colporrhaphy at the same sitting. In two cases I performed trachelorrhaphy and in one trachelorrhaphy and curettement of the uterus.

Sänger reported at the last meeting of the German Society of Gynecology, at Freiburg, seventy-one operations performed according to this method, ten of which were complete ruptures, none of which failed. Howard A. Kelly closed up a complete rent which had been operated ten times unsuccessfully, by Tait's new method with an excellent result. P. F. Mundé operated seventeen times, eight complete and nine incomplete ruptures, with a perfect cure in each case, except one, which, strange to say, died from septicemia. In the *British Gynecological Journal*, August, 1889, Fancourt Barnes gave a complete history of twelve cases of complete laceration of the perineum operated on by Tait's new method, in all of which perfect cures were obtained. I might add the reports of many other operators, but I think this list will be sufficient to convince the most inveterate sceptic of the efficiency of the operation.

There is certainly no operation that can compare with this in simplicity, celerity of performance, and uniform success. For complete ruptures I regard it as the ideal method which, in my opinion, is destined to rapidly supersede the old triangular operations which so often fail. In this operation the success does not depend, as in the triangular methods, on the behavior of the sutured vaginal and rectal mucous membrane; but, to use Sänger's words, "on the rapid, certain, and firm cicatrization of the perineal skin." The occurrence of recto-vaginal fistulæ, so common after the older methods, seems impossible after this operation. Should primary union of the perineal wound fail to take place at certain points, this will not mar the success of the operation, as, especially when the posterior vaginal commissure and the sphincter ani muscles have united, secondary union will always take place. Even a total failure would at least not increase the trouble, as no tissue has been removed, and the parts simply remain *in statu quo.*

MEMBRANOUS CROUP AND DIPHTHERIA.

BY P. J. FARNSWORTH, M. D.,
CLINTON, IOWA.

Charlie W., seven years old, came home from school complaining of symptoms of a common cold; coughing a little as if from bronchitis, but saying nothing of sore throat. Ate his supper and after a little time went to bed, his mother getting him warm and tucking him carefully in. About three in the morning the parents were aroused by the cries and brassy cough of the child. The mother suspected croup, and put a cloth wrung out of cold water around the neck and made some hot tea of summer savory, which he drank, also taking a half teaspoonful of *Hive* syrup (*Tr. scilla, Com.*), which produced vomiting and relieved the paroxysm, and he fell asleep. At nine or ten in the morning he had an attack of coughing of the same croupy character and again at intervals during the day. At night soon after going to bed, he roused up with the same brassy cough and considerable dyspnœa. I was called at once, and found the boy in a high fever, but breathing without much difficulty, and somewhat hoarse. I examined the lungs, but did not find any serious râles or crepitation. Examination of the throat only revealed a little irritation. Waiting a little before prescribing, all at once the peculiar brassy ringing cough came on and considerable spasm of the glottis was noted. It was unmistakably membranous croup. An emetic of ipecac relieved the paroxysm, ice cloths were applied to the neck and inhalations of steam from an atomizer used.

There was no prostration and the fever soon subsided. A solution of potassa iodide was given in doses of ten grains every two hours. The paroxysms increased and by the next night breathing was labored, the cough more frequent, the voice nearly lost; still no membrane could be discovered in throat. With the assistance of a neighboring practitioner we introduced a tube into the larynx. The boy was docile and assisted us as much as possible and the tube was placed without much difficulty. It relieved the breathing for a little time, then seemed to add to the distressing symptoms and was removed. Stimulants were then tried, but no great amount was taken. Dilute alcohol was given in spray form. Calomel in five grain doses every two hours had been given. It was all to no purpose, and towards morning of the third night breathing became so labored that it finally stopped. We did not try tracheotomy, and could not get a *post mortem*.

Several physicians were called in to see the case. Some of them had never seen one like it. Some of the older ones called it membranous croup at once. Several were attending cases of diphtheria and had often seen cases of diphtheritic croup, but none with symptoms like this.

It did not become a constitutional disease, nor was it so at first. It began in the larynx; membrane did not make its appearance in the fauces. There was no great amount of fever except when the paroxysm was on; there were intervals of what seemed to the casual observer total abatement of the disease. The cough appeared suddenly and with the true croupy ring, which if once heard is never forgotten. There was no affection of the lymphatics. It may be said that there was not time, but in croupous-diphtheria the lymphatics are invariably enlarged, and there are other signs of septicemic poisoning. There was no fetor of breath, which is characteristic of diphtheria. Without enumerating the negative symptoms of diphtheria, which was prevailing in another part of the town, the difference was so marked that all who saw the case declared at once that no mistake could be made in the two diseases.

Membranous croup is not a common disease. No genuine cases have been observed in this locality for six years, and then only one or two cases were reported. Physicians of twenty years' practice stated that they had never seen a genuine case before. For this reason, the rarity of the disease, so many practitioners declare the diseases identical, when probably they have never seen a case of genuine membranous croup.

In 1860, being a student in New York, I saw several cases of well-marked diphtheria, just then beginning to prevail. Observed it well and listened to lectures on the subject. In the second year of my practice I saw four cases of membranous croup; three of them died. The next year we had many cases of diphtheria of which only one died out of twenty. Since then I have passed through some severe epidemics of diphtheria, in one of which forty cases were fatal out of a hundred. Of genuine croup I have not seen more than ten cases in twenty-five years, since the second year of practice. It seems less frequent than formerly. In some of the records of the old practitioners, say during the first half of this century, cases of membranous croup were numerous and the disease seemed epidemic; these cases may have had diphtheria, but the descriptions are so clear, that it seems hardly possible. Diphtheria undoubtedly did occasionally occur, for as early as 1680 a New England clergyman speaks of a malignant sore throat that prevailed at the time that is described in many of the terms of diphtheria, and at several other later periods it was described but disappeared again, so that up to about 1858 old practitioners had never seen the disease. Since then there are few, unfortunately, that are not familiar with it.

Membranous croup is confined to children, and the percentage of death is very large; eighty per cent. or five out of six die, under any treatment yet devised. Inhalations afford relief, and lime water dissolves the membrane. Mercurials, theoretically, should arrest the disease, but time is seldom given for the drug to get its full effect. Tartrate of antimony is worse than useless, and emetics only occasionally dislodge the membrane. Tracheotomy is sometimes successful; intubation has promised relief, but is of doubtful utility.

A case occurred in my own family in which a large amount of gin seemed to be the remedy. The little one was three years old, and had been incautiously exposed to the winds of March, with insufficient clothing on. In the night we were aroused with the dreaded cough. It might be pseudo-membranous, so an emetic was given, which gave temporary relief, but with day the fearful ringing sound was heard and the paroxysms increased towards night. A perusal of the literature on the subject is a meditation on death, and, in previous experience, all the routine remedies had been tried without success. Iodide of potash suggested itself, from its effect on spasmodic asthma, and seemed to give some relief. There was considerable depression of the heart's action at times and some alcoholic stimulant was prepared, which happened to be some cordial gin having a pleasant bland taste. An ounce or more was reduced with an equal amount of water and simple syrup, with directions to give a teaspoonful occasionally. The child was thirsty, and the mother mistaking the grog for water gave the child an ounce of the mixture. Relaxation seemed immediately to take place, the paroxysms of coughing seemed softened, and the breathing relieved. More of the remedy was given, and evident signs of alcoholic intoxication were soon apparent, which were kept up for three or four hours by all of the drink the child would take, which amounted to as much as three ounces of the compound. An emetic was then given, and the membrane came up in long shreds with the superabundant alcohol. Sleep followed at once, with easy breathing, and a speedy recovery with little apparent prostration followed. That was six years ago, and the one described in the first part of this paper is the next one that has occurred in my practice. In the last case the iodide seemed at first to mitigate the disease, but the mercurial that followed produced no effect, and it was impossible to induce the child to take alcohol enough in any form to produce its impression.

The alcohol treatment has been tried with some success in diphtheria, with patients that were more manageable than children, and there is some hope that it may prove efficacious in certain cases of that disease. In diphtheria the fatal issue is produced by heart failure, exhaustion, paralysis and by suffocation, and stimulants may avert some of these symptoms. In croup they die, as a rule, from suffocation.

SOCIETY REPORTS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, October 3, 1889.

Dr. Theophilus Parvin in the Chair.

Dr. E. P. Bernardy reported a case of

Post-Puerperal Hematocele,

for which he operated successfully. The patient was thirty-eight years old. Four days after a normal, but somewhat tedious, labor, the patient complained of a sense of fulness of the abdomen. She also had constipation, and could not pass her urine. Examination by the rectum showed a tumor about the size of an egg, and vaginal examination revealed a tumor behind and to the left of the uterus. The tumor rapidly enlarged, and in a week filled the entire rectal cavity, pushing down to almost the external sphincter. The entire left side of the pelvis was completely filled by the growth, which pushed the enlarged uterus well to the right side, making it appear as if there were another tumor. Operation was advised and was performed five days later. The usual medium abdominal incision was made; on introduction of the finger in the abdomen, the entire left side of the pelvis behind the uterus and broad ligament was found filled by a tumor which was surrounded by adhesions which were readily separated before enucleation. In passing the finger behind the right side of the uterus, the finger ruptured some slight adhesions, entering a cavity from which freely flowed thick blood, looking and smelling like blood contained in an extra-uterine sac. After enucleating the left-side tumor, an immense cavity was left, which was, as well as the abdominal cavity, well douched with hot water; both ovaries and tubes were healthy, and were not touched; a glass drainage-tube was introduced, and the abdomen closed. On the sixth day, glass drainage-tube changed for a rubber-tube. Three days later this tube was taken out and the stitches taken out the sixth day. Eighteen days after the operation the wound had entirely healed up, and the patient soon after was allowed to go home.

Dr. H. H. Kynett reported a case of double pyosalpinx and double ovarian abscesses; a case of double hydrosalphinx and left ovarian cyst, and lastly a case of tumor of the breast, which he believed to be a milk cyst. All three cases were operated upon successfully.

Dr. W. L. Taylor then read a paper on the removal of a large

Ovarian Cyst,

followed by rupture of the right common iliac vein. The patient was twenty-four years old, and very much emaciated; her abdomen enormously extended. A lump had appeared in the right side of abdomen about two years ago which never caused any pain, but only a sense of discomfort from pressure, and with rapid increase in size.

Upon examination, the abdomen gave evidence of the presence of a very large encysted fluid, ovarian in character. On July 7, Dr. Taylor operated and removed a non-adherent cyst of the right ovary. The fluid of the cyst was syrupy and very heavy, weighing fully fifty pounds. The pedicle was unusually thick and was tied in sections, and finally with a Tait ligature. The steps of the operation were devoid of special interest, and but little cyst fluid or blood escaped into the abdominal cavity. The latter was thoroughly washed out, and the absence of bleeding-points was remarked. Noticing a slight oozing of blood from the region of the pedicle, the operator investigated, and found that a couple of veins, which were greatly distended, had ruptured just beneath his ligatures. These were tied securely, and whilst doing this he noticed higher up—fully as high as the sacro-iliac juncture, and to the right side—what appeared like an adherent intestine, rapidly distending, with a central portion most distended. This rapidly thinned out, and gave every appearance of speedy rupture. Touching it gently with his finger, it burst instantly, and there was a frightful gush of blood. The bleeding vein, for such it proved to be, was quickly grasped and then caught with a large Pean forceps, which imperfectly controlled the hemorrhage. Then the vein was separated from its artery and ligatures carried securely around it. These immediately stopped all hemorrhage, but caused a very decided and alarming venous swelling on either side of the ligatures. The wound was then closed up after introducing a drainage-tube. At the close of the operation, the patient's pulse was 160, the temperature sub-normal, and the respiration about 40. Everything certainly pointed to a positive recurrence of hemorrhage, and she was most carefully watched.

In the discussion which followed,

Dr. William Goodell said that this seemed to be an unique case. He had never seen anything like it in simple unadherent cysts. In intraligamentary cysts he had often torn deep-seated veins, and had had difficulty in checking the hemorrhage.

Dr. J. Price said that he thought that there was great danger of wounding the vein by the use of the Baker, Brown or Peaslee needle. These accidents have occurred from traumatism, from manipulation, and wounds made by the use of instruments.

Dr. W. L. Taylor said that the hemorrhage occurred long after any traumatism could have happened, and was so much higher than the pedicle, that he thought it could not be attributed to traumatism. The hemorrhage was spontaneous. It did not occur gradually, but there was a sudden gush of blood following the touch of his finger.

Dr. Theophilus Parvin then read a report of a case of

Tubal Pregnancy,

probable diagnosis, and removal prior to rupture.

This patient was brought to the hospital of Jefferson Medical College, September 19, suffering from a probable ectopic gestation. Upon examination, Dr. Parvin found a tumor adjacent to the uterus upon the left side, the uterus was somewhat enlarged, and very sensitive to pressure, as was also the vagina and the lower part of the abdomen. The history, the examination, and the previous examinations of Dr. Baldy, with his conclusion, left but little doubt that the case was one of tubal pregnancy. Abdominal section was done on the 20th of September, Dr. Baldy and Dr. W. E. Ashton assisting in the operation. The gestation cyst included in the tube was removed. The patient's convalescence has been uninterrupted.

Dr. J. M. Baldy reported a case of

Tubal Pregnancy, no Diagnosis, but Removal Prior to Rupture.

The patient (colored) had walked into the out-patient clinic of the Howard Hospital, July 5, 1889, suffering from pain in her abdomen, so similar to that which I have often seen go with a pyosalpinx, that I diagnosed this disease before examining her. The examination revealed a large, apparently tortuous, tender mass, posterior and slightly to the left side, giving a boggy feel to the touch. The diagnosis was verified, a saline purge given, and an immediate operation advised.

One week later, a messenger summoned me to the home of the patient, where I found her lying on the bed, suffering from severe pain in the abdomen. A reëxamination of the pelvis showed only what had been before found; viz., a cystic mass, which did not pulsate, posterior and to the left; apparently a distended tube. The uterus was in position of normal anteflexion, and there was a perfectly normal cervix for a multipara. There was an elevation of temperature, and the woman had had chills. It was decided that it was a case of pyosalpinx, at the same time ectopic gestation was thought a possibility, but sufficient data on which to verify this suspicion were not found. The abdomen was opened the next day with the assistance of Drs. Hamill and Naylor, and a left tubal pregnancy removed. The case well illustrates the difficulty, nay impossibility, of at times diagnosing ectopic gestation. In three weeks the patient was sent home and is to-day in her usual good health.

Dr. E. W. Cushing, of Boston, said that the subject of extra-uterine pregnancy is one of great interest to him, and he could say, from sad experience, that it is not easy to make a diagnosis. After some obscure symptoms of irregularity of menstruation, etc., a near relative was taken suddenly with a severe attack which, after the event, he felt was due to a tubal pregnancy ruptured into the broad ligament; she finally recovered without operation. In another case a physician operated for an ill-defined tumor. The cyst was opened after the operation, and a fetus three-fourths of an inch in length found. There had not been a suspicion of pregnancy.

Dr. William Goodell said that in regard to the electrical treatment of extra-uterine fetation, he was theoretically inclined to believe in it. But when he had met with cases of extra-uterine fetation, and saw the mass that was present, and the adhesions and injuries which adjacent organs had sustained, he could no longer uphold it. He had practically been converted to the belief that electricity, and particularly electrolysis, should not be used in these cases. The electrolytic action is a most dangerous one. Although advocated by Apostoli, the results have been most disastrous in the cases in which it has been tried. He had had four cases of early extra-uterine pregnancy within a few months, all of which were successful. He believed that Tait was correct in explaining advanced cases by the rupture of the tube and the escape of the unbroken gestation sac into the fold of the broad ligament. The behavior subsequently is precisely like that of an intraligamentary ovarian cyst.

In regard to early diagnosis, he should say that the most common symptom is arrest of menstruation for one or two periods, followed by irregular uterine hemorrhages. It is true that pelvic colic is a common symptom, but not so common as the other.

Dr. Barton C. Hirst said that some time ago he was called to a case in consultation which presented a clear history of extra-uterine fetation; cessation of two periods, hemorrhage with the discharge of deciduous membrane; a distinct tumor to one side of the uterus, and the subjective signs of pregnancy, with swelling of the breasts and vomiting. Dr. Hamill and myself urged operation, but the family being dissatisfied, we were discharged. Another physician was called, and Dr. Parrish was consulted. He recommended the use of electricity, and a current was applied with relief of the symptoms, and complete cure of the patient. There might have been a varicose vein in the broad ligament which having burst may present all the signs of extra-uterine fetation after rupture of the sac.

Dr. M. Price had seen twenty or twenty-five cases of extra-uterine pregnancy, nearly all of them ruptured tubal pregnancies. It does not interest us a particle whether the cases were diagnosed or not. There is trouble present of such a serious character that it does not become us to lose a single moment. Most of these cases come into the coroner's and not the surgeon's hands. Delay in operating is adding ten per cent. to our mortality. It is our duty to operate on the first indication, and if we are mistaken, to thank God for the absence of so serious a condition.

Dr. Joseph Hoffmann had twice operated for extra-uterine pregnancy and did not find it, and had operated for something else and found extra-uterine pregnancy. The first case presented the signs of extra-uterine pregnancy to even a more marked degree than that of Dr. Hirst,—coming on after a sterility of eight years, a retroverted mass, flooding and violent pain. At the operation he found two pus-tubes. In the third case he operated for pus-tube and found extra-uterine pregnancy.

Dr. Noble said that a short time ago he removed an extra-uterine pregnancy which was rather unusual in the conditions present (see Medical and Surgical Reporter, November 16, 1889). The patient was seen by Dr. Kelly, and it was agreed that it was almost certainly an extra-uterine pregnancy.

Dr. B. F. Baer said that he wished to go on record as one who believed that it is as easy to diagnose extra-uterine pregnancy as to diagnose any other condition within the abdomen (as hydrosalpinx or pyosalpinx) positively.

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In Germany the Government has come to the conclusion that there are enough medical colleges in the country and refuses to allow any more to be organized.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, October 23, 1889.

The Vice-President, John B. Roberts, M.D., in the Chair.

Dr. John B. Roberts presented a paper entitled

Extraction of Cataract.

In giving a brief outline of the steps of the operation, Dr. Roberts said that in preparing the patient for operation, he cleanses the face in the vicinity of the eyes with soap and water, and subsequently with a solution of boric acid or corrosive sublimate. He then washes out the conjunctival sac with a boric acid solution instilled with an ordinary pipette. A few drops of four per cent. solution of hydrochlorate of cocaine is dropped into the eye two or three times during the quarter hour preceding the operation. A few drops of a four-grain solution of atropia is also instilled. The steps of the operation are as follows: Having grasped the conjunctiva and the inferior rectus with a pair of fixation forceps, an upward incision of the cornea is made with a Graefe, Beer, or Jackson knife.

The iridectomy is accomplished by catching and drawing out the iris with an iridectomy hook in the left hand, and cutting it with the Levis spring scissors in the right hand. He does not use the iris forceps for the iridectomy unless it happens that, for some reason, a portion of the part excised has not been perfectly detached from the iris. He then uses the forceps to catch the ragged edges while making a second attempt at complete division. Laceration of the capsule is done by making a T-shaped incision with a cystotome. The lens is then extruded by pressure upon the sclerotic and cornea, with the finger above and a tortoise-shell scoop below the incision. The finger makes the pressure from the outside of the upper lid. If there is any difficulty, as there often is, in evacuating the soft cortical material or nucleus, the spoon is introduced and the remnants extracted. After a few minutes have elapsed to allow reaccumulation of the aqueous humor, the patient is allowed to sit up with his back to the light, and a convex lens of about nine dioptrics is placed before the eye which has been operated upon in order that the patient may be convinced that vision has been restored.

After instilling a few drops of atropia solution the eye is sealed by means of two or three small strips of ordinary rubber plaster upon the upper lid. These strips of plaster are cut in the shape of a semi-ellipse, and are made to fit the upper lid, but under no circumstances are they to overlap the lower lid. In this manner the upper lid is made stiff and acts as a splint to the wounded cornea.

The advantage of this method is that the eye is not heated, and tears and mucus can drain from between the eyelids, and atropia solution can be introduced into the conjunctival sac every morning or evening, as the surgeon may deem proper. Before the operation it is best to cut off the eye-lashes of the upper and lower lids, to prevent the eye becoming sealed by dried secretion upon the lashes, which gives the patient pain, and has a deleterious effect upon the eye by interfering with the free flow of tears and mucus. As a rule, only the eye which has been operated upon is closed, and the patient is not restricted to a dark room, or confined to bed.

In the discussion,

Dr. George C. Harland said, that the points of most interest at the present time, in connection with this operation, are: the after-treatment, the use of antiseptics, and the performance or non-performance of iridectomy. There is no doubt that the after-treatment has been much modified of late. The patients are not kept so long in bed, and the dressings are much simpler. He thinks it well to use the bandage for two days, and to keep the patient in bed two or three days. As boric acid has been shown to be without antiseptic qualities, he has abandoned it, and now uses bichloride solution, 1 : 5000. Even in this proportion it causes some irritation of the conjunctiva. The question of iridectomy is now the great point of discussion. There is a strong party in favor of omitting iridectomy in the operation for cataract. There are æsthetic and perhaps optical considerations in favor of a round pupil; but this advantage, which has been somewhat exaggerated, is dearly bought at the expense of the greater difficulty in accomplishing delivery of the lens and the removal of cortical *débris*, and particularly of the risk of prolapse of the iris. Alfred Graefe, at last year's meeting of the Heidelberg

Society, said that he had allowed himself to be bewitched by the round pupil, but that prolapse of the iris had disenchanted him.

Dr. B. Alex. Randall said that he had thus far done iridectomy in all operations, as it facilitates egress of the lens. A small removal of tissue is generally sufficient; and, after it, he has secured a perfectly mobile pupil, almost as round and perfect for visual purposes as though no iridectomy had been done—the coloboma being thoroughly covered by the upper lid. Dr. Randall emphasized the point that cocaine must be used with caution, since it affects the nutrition of the corneal epithelium: and our studies show that it is largely upon this epithelium that the healing process depends.

Dr. Mordecai Price then read a paper on

Ectopic Gestation.

He said, in order that ectopic gestation may be possible, the tube must be diseased, its lining membrane removed, its ciliated epithelium no longer urging the product of conception onward to its natural abiding-place nor retarding in the least the spermatozoa from intruding on dangerous and forbidden ground. This condition is brought about, he believed, in fifty per cent. of the cases by gonorrhœa, and the remainder by cold, and septic conditions following childbed and catarrhal affections from other causes. That the pregnancy in the beginning is always tubal is well proven, from the fact that the tube is the only portion outside the uterine cavity offering the conditions favorable for impregnation. The product of conception thrown into the peritoneal cavity either at the time of impregnation or during the first few weeks of gestation would undoubtedly be digested. We have the best proof of this in the fact that in early ruptures into the peritoneum of only a few weeks, no fetus can be found; only the blood clot, the diseased tube and membrane remaining. Those cases that have advanced to maturity in the peritoneal cavity have without doubt been those first developed in the tube, and then ruptured in the broad ligament, and when able to resist the digestive fluids of the peritoneum, the secondary rupture has taken place.

Tubal pregnancy would be of but little moment to us, if it were not for the fact that most patients are not aware there is anything wrong. If they suspect pregnancy at all they have no reason to doubt that it is the usual old-fashioned kind, and the first warning, alike to patient and doctor, is rupture of the tube, with symptoms of internal hemorrhage—often so serious that the patient lives but a few hours. These cases are far more numerous than is supposed—in this city alone about twenty-five a year. Five years ago the mortality was one hundred per cent., and now at least ninety per cent. are saved. The symptoms of ectopic gestation before rupture are of a vague and uncertain character.

In most cases of ectopic gestation in his own hands, the diagnosis was made before operation. Rupture had taken place in every case. Diagnosis of tubal pregnancy before rupture would simply be a happy guess.

In the discussion which followed,

Dr. A. J. Downes said that while in Atlantic City, a year ago, he was hastily called to see a woman in collapse. There was great abdominal pain. She had had two attacks of pain and collapse on the day before he saw her. At 10 A. M., she had another attack, and at 11 o'clock he saw her. In the afternoon she had a fourth attack and died. The point he wished to raise was, whether after the third collapse, with the abdomen filled with blood, a surgeon could go in without trained assistants, with a prospect of relieving the patient.

Dr. James Collins remarked that in an emergency, a surgeon who knows his anatomy, who knows how to tie a knot and keep his head level, is justified in doing anything. He should stop the bleeding if he is sure of his diagnosis.

Dr. J. Hoffman said that it was unfortunate that some of the advocates of early diagnosis were not present. A case has recently been reported where it was claimed that a five months' fetus was melted away. Such a thing as that is impossible. He had twice operated expecting to find extra-uterine pregnancy, but failed to find it. Once when operating for something else he did find it.

Dr. J. Price said that the course of surgeons in the treatment of this condition is well grounded. It is our duty in cases of hemorrhage to seek the offending vessel and secure it.

The diagnosis of early tubal pregnancy cannot be made from the physical signs. The history and symptoms with the physical signs often make it highly probable that we have to deal with ectopic gestation, but that is about all that we can say.

PERISCOPE.

Removal of Plaster of Paris Dressing.

Dr. Charles H. Richardson, of New York, describes, in the *Medical Record*, November 16, 1889, a way of removing plaster dressings as follows: I have used of late a plan in the removal of plaster and starch bandages which seems to do away with the annoyance to the surgeon, and the discomfort, not to say distress, to the patient, attending removal by the shears. It consists simply in the application of a piece of wire under the bandage, which is made to cut its way out when removal of the apparatus is desired. The limb is prepared for the bandage in the usual manner, either by the application of a flannel roller or by being well anointed with vaseline. A fine steel wire is then laid the length of the limb, in the situation that it is desired subsequently to cut, and firmly held in that position by an assistant. This is secured by a few turns of the plaster bandage, and the apparatus finished in the ordinary way. The wire should project four or five inches at each end of the bandage, so as to afford sufficient for a firm hold when the time comes for removal. These free ends of wire may be bent down after the casing is completed, to prevent the annoyance to the patient which the sharp ends might otherwise produce.

When the removal of the appliance is desired it is necessary to have the patient rest his limb on a table in order that it may be perfectly steady, and while the lower projecting end of wire is held firmly in place, to prevent its slipping underneath the bandage, the upper end is seized by a pair of pincers and by firm traction made to cut its way through the whole length of the casing. The apparatus may now be bent back and removed, the operation having caused no discomfort, which can hardly be said of the combined prying and cutting with a pair of plaster shears.

He calls attention to two points: the first is that no attempt should be made to remove the casing until it is completely and entirely dry, as the wire will not cut through wet bandage. The second is, that while one wire will cut through the ordinary light dressing, such as is used on the arm, yet when an extra thickness is given to the apparatus, as in a plaster jacket or in an appliance to the lower limbs, I would recommend that two or even three wires be used, to make the cutting easier and more sure. If more than one wire be used, the second is laid as nearly over the first as possible, after a few layers of bandage have been applied, and a third over this if it be deemed necessary. Thus a layer of plaster and bandage will intervene between each of the two or three wires. The method of cutting is evident. It is done in sections, by pulling the wires in inverse order to that in which they were laid.

Intussusception at Three Years of Age, Successfully Treated by Rectal Injection.

Dr. John W. Farlow reports in the *Boston Medical and Surgical Journal*, November 4, 1889, the following instructive case.

N. R., a three-year-old boy, had always been well, I saw him March 7, with the story of having been somewhat under the weather. His mother had given him castor oil, which produced four or five loose stools. I saw him in the morning, and found him crying at intervals and putting his hand near his umbilicus. The anus was rather relaxed and he passed a little blood and slime from time to time. Nothing was felt in the abdomen. At 4 P. M. the pain had increased and was paroxysmal; at 9 P. M. the same condition, only more pain. The next morning early I found that he had slept some in the night, but since six o'clock he had cried and thrown himself round on the bed and over on to his face. He still passed blood and slime, but no feces. He kept putting his hands near the umbilicus and said the pain was all there. To the left of the umbilicus a very marked fulness could be seen, the lower part of which was dull and rather firm, while the upper part was tympanitic. The diagnosis seemed assured.

The boy was inverted and his feet held up high. By means of a Davidson's syringe I injected slowly into his rectum one and one-half pints of luke-warm water, at the same time trying to press back the tumor from the outside. The child only cried the harder. About fifteen minutes later he got up and passed the water. Nothing but a little blood came with it, but on getting back to bed he stopped crying, and from that moment the pain entirely ceased and the tumor was no longer felt. The case was uneventful after that. He had a fair stool

March 11, three days after the intussusception was reduced. I have seen him several times since, and he continues in good health.

Foreign Body in the Trachea.

In the *Virginia Medical Monthly*, November, 1889, Dr. E. W. Row, of Orange, Va., reports an interesting case of grain of corn in the windpipe of a boy four years old. After eating parched corn one day he had cough and dyspnœa which were partly and temporarily relieved by an emetic of apomorphia. About midnight, however, the symptoms returned with increased severity, and a foreign body could be felt moving in the trachea. The next morning tracheotomy was performed, and a large grain of corn was taken out of the windpipe. The child then recovered promptly.

In reporting this case, Dr. Row recalls a similar case, which he attended about thirty years ago, in which operative interference was not permitted by the family, yet the little patient continued to live, although he became reduced to almost a skeleton. He was finally relieved by nature, abscesses having formed and ruptured into the bronchus, washing out the grain of corn. This patient, after daily expectation of death, for more than a month, recovered. In commenting on these cases, Dr. Row says that in all cases where foreign bodies are suspected in the air passages, notwithstanding the dyspnœa and threatened asphyxia may, for the time, be partially relieved by relaxing remedies, yet, it is the imperative duty of the surgeon to watch the case closely, and to apprise the patient's friends of the probable alternative, so that both he and they should be fully prepared if finally operative interference is demanded. With respect to diagnosis of bodies in the windpipe he believes, when it is not impacted, the foreign substance can be easily felt in the trachea as it passes along that tube in the up and down movement caused by respiration; and also that a foreign body may be detected by auscultation, by the rapidity of the movement and suddenness of the "thud" (so to speak) when compared with the movement of mucus in the tubes. The impression of the latter upon the ear is more diffused, does not start so suddenly, pass so quickly, or stop so abruptly, and without a distinct "thud" before reversing its motion. He also suggests that chloroform is not contra-indicated in partial obstruction by a foreign body in the air-passages, where a great factor in the production of symptoms threatening asphyxia is dependent upon spasmodic muscular contraction.

Abscess of the Antrum.

A new diagnostic sign of abscess of the antrum was brought forward by Dr. T. Heryng, of Warsaw, at the Congress of Otology and Laryngology, held at Paris during September. The patient is placed in a dark room and his mouth lit up with a small electric lamp, placed above the tongue. Two bright red spots will then appear below the lower eyelids.

If the cavities are filled up with pus, or occupied by a tumor, these red spots will not appear, but as soon as the pus escapes or the cavity is washed out, the spots again become visible.

Cough Syrup.

The following is said to be an excellent remedy for convulsive coughs:

Sodium benzoate	5 parts
Mint water	40 parts
Distilled water	40 parts
Syrup of orange peel	10 parts

Mix. Dose, a teaspoonful may be taken whenever necessary.—*National Druggist*, Nov., 1889.

The Vitality of Trichinæ.

In the year 1882, Professor Pasteur and Professor H. Bouley conducted a series of experiments regarding the vitality of trichinæ in ham. At that time it was discovered that the trichinæ lived even after having been exposed to a temperature of 32° (Fahr.).

Quite recently these experiments have been resumed and it was discovered that the trichinæ were more active in fresh pork than in cured ham. It was also proved that their vitality was in no wise decreased after an exposure of several hours to a temperature considerably below freezing point. High temperatures, up to about 80°, seemed to agree with them equally as well. Pasteur further states, in the *Bulletin Medicale*, Oct. 6, 1889, that trichinæ were found most frequently in American hams, which, he said, are cured with a mixture of sea-salt and saltpetre. In regard to this statement, it may be said that the well-known infrequency of trichinosis in the United States, and the importance of the commercial interest in pork in France, would make it interesting to know a little more about the condition of Pasteur's experiments and investigations.

Treatment of Acne of the Face.

The most rational treatment of facial acne should be based upon the following two principles: first, to allay the congestion of the skin as far as possible; second, to remove all causes which could give rise to the hyperemia of the face. To obtain these results, both internal and external remedies may be used. The direct care of the skin demands the principal attention. Every morning and evening the face should be washed with a fine sponge. The temperature of the water should be as high as the patient can possibly bear it. After washing, the skin should not be dried. Such a washing renders the skin extremely hyperemic. As soon as the water begins to evaporate from the face, the superficial blood-vessels become contracted, and gradually regain their lost tone. In many cases, this simple treatment will be all that is needed, and a speedy recovery will follow. In severer cases, however, the following solution may be employed:

℞ Hydrarg. bichlor. corros.,	
Ammon. muriat	āā gr. xv
Emuls. amygdal. amar.	f℥vij

M. et fiat lotio.
Sig. Apply morning and evening.

The following formula will be found to be of equal if not of greater efficacy:

℞ Aquæ destil.	f℥jx.
Sulphur. sublim.	f℥j.
Aetheris sulfuric	f℥iij–f℥jv.

M. et fiat lotio. Sig. Apply morning and evening.

The practitioner may, however, come across cases of such a stubborn nature that even these lotions will fail to effect a permanent cure. In such cases, the only remaining course of treatment is scarification. This procedure never fails to quickly relieve the congestion of the skin, and also causes the acne pustules to rapidly disappear.

Regarding the best advisable diet to be pursued during the treatment of acne, little need be said, other than that highly spiced and heating foods should be avoided.—*Allg. Med. Central-Zeitung*, Oct. 9, 1889.

Bacillus of Tetanus.

At the recent German Surgical Congress in Berlin, Dr. Kitasato, of Tōkyō, Japan, demonstrated the tetanus-bacillus, and claimed that he had succeeded in obtaining this organism free from other bacteria, in experiments made in the Berlin Hygienic Institute. Tetanus serum was shown on agar-agar, and after twenty-four hours the bristle-shaped tetanus-bacilli were present, along with various other micro-organisms. If the culture was now exposed to a water-bath at 80° C. for half an hour, only the spores of the tetanus-bacilli retained their vitality; all the rest perished. Inoculations with the culture produced tetanus with the development of the typical bristle-shaped bacilli.—*London Medical Recorder*, Oct. 21, 1889.

Chapped Hands.

The following is a pleasant and efficacious application for chapped hands:

℞ Quince seed	½ ounce
Water	q. s.
Glycerin	1 fluid ounce
Alcohol	4 fluid ounces

Macerate the quince seed with a pint of water for twenty-four hours, stirring frequently, strain with gentle pressure through muslin, and make up the volume to 1 pint with water; then add the glycerine and finally the alcohol containing the perfume, and stir briskly. — *Pharmaceutical Era*, Nov., 1889.

Ulcer of the Stomach.

Dr. Tacke, in the *Deutsche Med. Wochenschrift*, Oct. 17, 1889, reports six cases of ulcer of the stomach, accompanied by hematemesis, which were cured by enforced rest of the organ. In this method all nourishment is given by enema until the ulcer has time to heal.

Of course the method suggested is only occasionally beneficial, yet it is surely worth a trial, as, in the majority of similar cases, all the efforts of the physician are fruitless.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

RARE SEQUELÆ OF TYPHOID FEVER.

Neuritis, osteitis and periostitis, are comparatively rare sequelæ of typhoid fever. They are so rare that many of the books do not mention their occurrence; and this fact may have induced observers to set down occasional cases as mere coincidences, and thus the sequelæ appear to be rarer than they really are. Very recently, however, Dr. R. Humphrey has met with a case of multiple neuritis following typhoid fever, of which he communicates an interesting account to the *British Medical Journal*. The patient was a little girl, three years old, whose typhoid fever was marked by cerebral symptoms. In the course of the fourth week the child complained of pain in the limbs, which were contractured; and the reflexes of the abdominal muscles were exaggerated. Then paresis of the legs, with abolition of the reaction to electricity, occurred. At the end of eight days the condition of the right leg had improved, but paralysis had extended to the abdominal muscles on the left side. Subsequently the motor paralysis gradually disappeared, until after the eighth week, the affected muscles—except the anterior tibial and the abdominal—reacted anew to the Faradic current.

Too little study has as yet been given to this form of neuritis to enable one to speak with precision of its pathology. Dr. Ugo Bassi (*Osservatore*, No. 9, 1889), who has studied it in connection with a case observed by him in a mason, says that the alterations in the nerves are sometimes parenchymatous and sometimes interstitial; the lesions are, moreover, disseminated, healthy portions of the nerve alternating with those containing foci affected with neuritis.

Clinically the polyneuritis which follows typhoid fever manifests itself first by disturbances in sensation, and then by disturbances in motility. Its onset is sometimes abrupt and sometimes insidious; the soft parts over the seat of the neuritis are often œdematous, the skin being cyanotic and shining; and the local temperature is lowered. The average duration of the neuritis is from two to eight months, and, according to Bassi, the prognosis is in general unfavorable.

As regards the other rare sequelæ of typhoid fever—osteitis and periostitis—Sacchi has observed two cases, an account of which he gives in the *Rivista Veneta di Scienze Mediche*, I, 1889. Dr. Demuth has also seen one instance, a report of which is contained in the *Deutsche Medicinal-Zeitung*, No. 58, 1889. The patient of Dr. Demuth was a man, sixty-seven years old, who convalesced from typhoid fever after an illness of four weeks. Fifteen days later, however, he felt pain in the upper third of the humerus, a little below the surface. The skin over the seat of pain became red and swollen, and at the same time the fever recurred. Fluctuation gradually made its appearance and a small quantity of mucopurulent fluid was evacuated by an incision. The bone exposed by the incision was red, and its periosteum was detached. A number of small sequestra were subsequently discharged. Appropriate treatment was followed by recovery in two months.

Ebermaier, in a communication to the *Deutsches Archiv für Klin Medicin*, Vol. XLIV, 1889, recalls the fact that Freund bases his inaugural dissertation, published at Breslau, in 1885, upon twenty cases of osteitis following typhoid fever. Freund attributed the bone affection to the typhoid bacilli, but did not attempt to prove this conclusion by experiment. L. Fränkel and Simmonds subsequently experimented, but obtained negative results. Ebermaier, however, appears to have been more fortunate. He says he has succeeded in obtaining pure cultures of the typhoid bacillus on gelatine from the pus taken from the foci of osteo-periostitis with which two typhoid fever patients were affected. In conjunction with these two cases of osteo-periostitis, he gives an account of six other cases of the kind, which were observed in the medical clinic at Kiel.

The cases just referred to lead one to suspect that neuritis and bone affections following typhoid fever would be found more frequently if they were carefully sought for. There is very good opportunity to do this, especially in large city hospitals, where cases of typhoid fever may be met with at almost all times during the year. Careful study of the sequelæ of the disease would not only be interesting in itself, but might also lead to some valuable discoveries as to the etiology of the disease, and give information which could be usefully employed in an improved treatment. We commend this subject to our readers, many of whom have exceptional opportunities for study and clinical observation. In 1889, Dr. W. W. Keen, of this city, chose this subject for the Toner lectures, which he then delivered, and prepared a monograph which contains material of the greatest interest and instructiveness, and one which ought not to be overlooked by any investigator who wishes to make his studies complete.

SURGICAL TREATMENT OF ANEURISM OF THE AORTA.

Attention is called in the *British Med. Journal*, Oct. 12, 1889, to a case of aneurism of the aorta treated by the insertion of wire according to the method originally introduced by Moore, of London, who in 1864 introduced twenty-six yards of fine wire into an aneurism of the ascending aorta and proposed this as a regular method. The case of Mr. Gould is not new, as it was reported by Dr. W. H. White and Mr. Pearce Gould, at a meeting of the Royal Medical and Chirurgical Society, April 12, 1887. The patient was a man 48 years old, who had noticed a swelling of the front of his right chest five months before he came under Dr. White's care. On his admission to the hospital, November 20, 1886, a prominent swelling was found in the position of the right mamma, extending from the second to the fifth rib, and from the edge of the sternum to the axilla. It was the seat of forcible expansile pulsation, and over it was heard a harsh systolic murmur. For two months an attempt was made to cure him by rest in bed, with restricted diet, and the administration of fifteen grains of iodide of potassium three times daily. About the middle of January the swelling increased rapidly in size and became very prominent. On January 11, Mr. Pearce Gould passed thirty-two feet of steel wire into the aneurism through a canula, introduced in the third intercostal space. Much blood was lost during the operation, but the hemorrhage was stopped with a compress. The tumor now became harder and the pulsation more heavy in character, and from one of the two punctures made at the operation considerable serum drained for several days. On the sixth day the pad of lint was fastened on more firmly. The next day there was great swelling of the subcutaneous tissue over the aneurism. Two days later the skin became gangrenous, and the patient died. At the autopsy it was found that the first part of the arch of the aorta was greatly dilated, and a sacculated aneurism sprang from its upper part. The thoracic portion of the tumor had a distinct though thin sac, but that portion which protruded from the chest was destitute of a definable sac, and was limited by infiltrated muscle. The wire, mixed with loose fibrinous clot, proved a very dense mass nearly filling the sac, to which, however, it did not adhere. The fatal result appeared largely due to the absence of a distinct sac to the outer part of the aneurism, and to the effects of the formation of a hard, solid mass in the aneurism, combined with rather firm external pressure applied for the arrest of the serous oozing.

The usual method of treating aneurism of the aorta consists in absolute rest, restriction to the most limited diet, and the administration of iodide of potassium, digitalis or ergot, or some combination of these drugs. This method has given excellent results in a number of cases, and there are few in which surgical procedures are justifible or likely to succeed.

One of the most successful cases of introduction of filiform material into an aneurism of the aorta was that of the late Professor Loreta, who, in 1884, introduced over two yards of silvered copper wire into an aneurism of the abdominal aorta, after opening the abdomen to gain access to it. The wound healed by first intention and the patient's condition improved rapidly and materially, the tumor diminishing from the size of a child's head to that of a walnut in seventy days, although the patient died three months after the operation from rupture of the aorta below the sac. Liebrecht, of Liége, in 1885, suggested combining the introduction of filiform material with partial occlusion of the lumen of the aorta by means of a ligature. This might prove a useful procedure. The combination of galvanism with the introduction of wire—as practiced by Mr. Barwell, in 1886—might be expected, on theoretical grounds, to have some advantages; but they have not so far been demonstrated in practice.

On the whole, the management of these cases is still an open field for the enterprise and ingenuity of surgeons, and the patience and wisdom of medical men.

VOMITING OF PREGNANCY TREATED WITH MENTHOL.

The most unpleasant symptom accompanying pregnancy is undoubtedly the vomiting which often occurs, and this is especially serious because our present knowledge of its therapy is most unsatisfactory, and, in many instances, the physician is at loss to know how to proceed. It is not unfrequent that all therapeutic measures fail and relief is only obtainable by the induction of abortion.

Guided by the fact that the trouble must be regarded as a reflex neurosis, and that, theoretically, drugs which would depress the reflex excitability should also act beneficially in this complication, Dr. Sigmund Gottschalk, of Berlin, has used menthol in this disorder with marked success. He employed a solution containing fifteen grains of menthol in five and a half fluid drachms of alcohol and five fluid ounces of distilled water. Of this he gave a tablespoonful hourly. In a case so treated, and reported in the *Berliner Klin. Wochenschrift*, October 7, 1889, the vomiting ceased after the third dose, although previously other remedies had been used unsuccessfully. The patient was able to retain food and subsequently made a rapid recovery. The drug was continued for three days, the dose being gradually decreased.

The use of menthol is continually widening and there seems to be good reason on purely theoretical grounds for expecting that the results obtained by Dr. Sigmund were not in the nature of a coincidence, but that they indicate a rational addition to the therapeusis of the vomiting of pregnancy.

DEPARTMENT OF HYGIENE AT THE UNIVERSITY OF PENNSYLVANIA.

A very important announcement was made November 11, in regard to the University of Pennsylvania, namely that Dr. John S. Billings has, with the approval of the Secretary of War and of the Surgeon General, accepted the position of Medical Director of the University Hospital, to which he was recently elected, and that the duties of this new position will be so arranged as not to interfere with his duties as Medical Officer of the army at the Surgeon General's office.

It is also announced that the University of Pennsylvania is soon to have a new laboratory of hygiene to cost about $200,000; and that $100,000 have been already collected for this purpose. The Department of Hygiene has been under the supervision of Dr. Samuel G. Dixon, since the death of Dr. N. A. Randolph, who was recently one of the Editors of the MEDICAL AND SURGICAL REPORTER.

It was rumored at first that Dr. Billings was to supersede Dr. Dixon; but the Provost of the University promptly denied this rumor and stated that Dr. Dixon was still Professor of Hygiene in the University and in charge of the Laboratory of Hygiene, which has been equipped through his exertions and liberality.

It does not yet appear just what Dr. Billings will do at the University, but the probability is that he will be at the head of the Department of Hygiene. For this he is abundantly fitted, as he is recognized as an authority upon the subjects of hygiene and hospital construction and administration. The elaboration of the plans for the construction of the Johns Hopkins Hospital, and his coming will be a valuable accession to the teaching force of the University of Pennsylvania.

CLINICAL LECTURES AND REPORTS OF CLINICS.

The readers of the REPORTER have no doubt noticed the development of the clinic departments in this journal, in the form of condensed reports of Clinical Lectures, and Reports of Clinics in a more colloquial style. This is a department which is believed to be of great value and interest, and no pains are spared to make it the best that is possible.

Special reporters are engaged to get material of this sort in the principal centres of the world, and more will be secured if the readers of this journal desire it. To secure to these reports a thoroughly trustworthy character, every one is submitted to the lecturer for correction or approval before it is published. They may all, therefore, be regarded as authorized by the lecturers. By this means it is hoped that the MEDICAL AND SURGICAL REPORTER will be a means of bringing back to many of its readers the familiar voices of their old teachers, or bringing to others the new and progressive doctrines of their old medical schools just as they would receive them if they were still "on the benches."

It is trusted that this plan will meet with the approval of our readers, and any suggestions in regard to it will be received with pleasure.

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THE NATIVE EGYPTIAN AS A SUBJECT FOR SURGICAL OPERATION.—The native Egyptian is an extremely good subject for surgical operation. Clot Bey, the founder of modern medicine in Egypt, has it that "it requires as much surgery to kill one Egyptian as seven Europeans. In the native hospitals, the man whose thigh has been amputated at two o'clock is sitting up and lively at six." Shock is almost entirely unknown, and dread of an impending operation quite an exception. In explanation may be noted the resignation inculcated by their religion; the very small proportion of meat in, and the total absence of alcohol from, their diet; and in general their regular, abstemious, out-of-door life.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

HYGIENE AND PUBLIC HEALTH. BY LOUIS C. PARKES, M. D., Assistant Professor of Hygiene and Public Health at University College, London, etc. 8vo, pp. xvi, 471. With illustrations. Philadelphia: P. Blakiston, Son & Co., 1889. Price, $2.50.

Parkes' "Hygiene" has long held a deservedly high name as a text-book. It is to be regretted that both the book and the subject do not receive more careful study at the hands of medical students and practitioners. Good descriptions are given in it of water, its sources, purification, and examination for sanitary purposes; of the collection, removal, and disposal of excretal and other refuse; of air and ventilation; warming and lighting, climate and meteorology; soils and building sites; food, beverages, and condiments; exercise and clothing; and of the contagia, and communicable diseases and their prevention. The concluding chapters are devoted to some important statistics, and to an account of the standard solutions for quantitative analysis.

The book is well written, with conciseness but clearness. It is one of the best books on this subject for students, and is an excellent one to have on hand for ready reference by practitioners and officers of health.

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY, at the Ninety-eighth Anniversary, held at Concord, June 17 and 18, 1889.

Dr. William Child, of New Hampton, declares, in his paper on "The Use and Abuse of Narcotics and Alcoholics," that the narcotic and alcoholic habit cannot be transmitted as an inheritance. He believes that the time will soon be when a real inebriate will be put under restraint, and that prohibitory enactment alone will not cure or reform intemperance: "the power of a substantial, earnest, healthful, thoroughly Christianized mother is greater than that of all the organizations this side of heaven." Dr. G. P. Conn, of Concord, read a paper on the "Disposal of Garbage," in which he spoke of the great dangers arising from refuse, especially at summer resorts; but he had no definite plan to propose to remedy the evil. In the paper of Dr. W. B. Porter, of Walpole, on "Pneumonia; its Mortality and Therapeutics," the treatment of pneumonia by wet compresses, cold or hot, with suitable adjuvants, is commended. He also expressed himself as favorably impressed with the results obtained by Dr. Turner, in the treatment of pneumonia with inhalations of cold air. The discussions on the three papers mentioned was earnest and instructive.

The appearance of the volume speaks well for the New Hampshire Society, and indicates a healthy condition of the profession in that State.

ON THE RESPIRATORY FUNCTIONS OF THE NOSE AND THEIR RELATION TO CERTAIN PATHOLOGICAL CONDITIONS. BY GREVILLE MACDONALD, M. D. (Lond.), Physician to the Throat Hospital, Golden Square, W. 8vo, pp. 72. Boston and New York: Houghton, Mifflin & Company, 1889. Price, $1.25.

Dr. Macdonald records in this brochure the results of his investigations to determine three things: the degree to which the temperature of the inspired air is raised by the nose; the degree of humidity acquired under the same circumstances; and, thirdly, the chemical changes that take place in the air by passing through the nose alone. By a clever device of tubing containing a thermometer, the air was inspired by suction with the lips, in such a way that it had first to pass in at one nostril and out at the other before reaching the mouth; thus the temperature of the air was registered after it had passed through both nasal fossæ and out of the second nostril. Four to six deep inspirations generally sufficed to raise the thermometer to the highest point, when the inspired air was of an ordinary temperature. The temperatures recorded in the experiments indicates the remarkable fact that, whatever the atmospheric temperature, the inspired current of air on passing through the nose alone is raised or lowered in temperature, approximately to that of the blood.

To determine the second question—the degree of humidity acquired by the air passing through the nose—a known volume of dry air was made to pass through the nose and then through tubes containing calcium chloride, previously weighed. The author found that air in passing through the nose alone is completely saturated with moisture.

With regard to gaseous exchanges, the author concludes from his experiments that they take place in the nose between the gases of the blood and those of the air, just as they do in the lungs, and that to a not inconsiderable extent. The quantity of carbonic acid exhaled by the nasal mucous membrane is said to be proportionate to the number of degrees of temperature to which the air is raised.

The author's experiments are clever and interesting; they seem to establish the fact that the nose warms and moistens the air, and that it takes part in gaseous exchanges. The book is well written, the apparatus used in the experiments clearly illustrated, and the publishers, on their part, have maintained their deserved reputation by presenting the book in most handsome style.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY, with introductory chapters on general biology and a full treatment of reproduction. For students of human and comparative (veterinary) medicine and general biology. BY WESLEY MILLS, M. A., M. D., L. R. C. P. (Eng.), Professor of Physiology in McGill University and the Veterinary College, Montreal. 8vo, pp. xxii, 700. With over five hundred illustrations. New York: D. Appleton & Company, 1889. Price, $5.00.

Dr. Mills has endeavored in the present work to apply to physiology the teachings of Embryology and of evolution. This, he thinks, has not been done hitherto. He strongly protests against the common tendency to speak of certain conclusions, for various organs and functions, as though they applied to these organs in whatever group of animals found, or, at all events, in the case of man, no matter what the species of the animal that had been experimented on. The subjects of development and reproduction are introduced early in the book, for the purpose of using certain embryological facts to throw light upon the different functions of the body, and especially their relations and interdependence. We are disposed to think that both the change from the usual custom and the reasons for it are good. Clinical and pathological facts are introduced from time to time in order to indicate to the student how physiology bears upon medicine. This is also a commendable feature of the book.

The author says, in his preface, that his aim has been to make the book, from first to last, educative. He has succeeded; it is full of sound physiological knowledge, presented as clearly as the inherent difficulties af the subject permit. While the book is large, it does not impress one as ponderous or bulky. Several things contribute to this desirable end: the paragraphs are numerous, and so are centre-heads and side-heads; so that the contents of the chapters are rendered easier to study and easier to remember. Moreover, the illustrations are copious and admirably clear; and, more than all, each chapter concludes with a summary—a method of generalizing which is extremely helpful to students.

We commend the book most heartily to students of physiology, human or comparative, as perhaps the best exposition of physiological knowledge from a modern point of view which has yet appeared in English.

LITERARY NOTES.

The Christmas number of *Scribner's Magazine* is an unusually handsome one, and this is saying a great deal; for *Scribner's Magazine* is already one of the very best in printing, in paper, in literary contents, and in illustrations. An interesting paper is that by Dr. William Perry Northrup, on "The Pardon of Ste. Anne d'Auray," which is abundantly and beautifully illustrated. Another extremely attractive one is that by Mr. Edgar Mayhew Bacon, called "Notes of a Subtropic Study," which is calculated to attract many a traveler to the delights of the Bahamas. Altogether the December number of this magazine furnishes abundant evidence how *Scribner's Magazine* has so quickly attained a circulation of over 125,000 copies.

NOTES AND COMMENTS.

New Remedies in the Treatment of Phthisis.

We have had occasion from time to time to refer to various new methods and remedies in the treatment of phthisis, and have quoted at some length the results obtained by Houzé with tannic acid, by Ransome with inhalations of oxygen, and the excellent *résumé* of Shingleton Smith of the drugs suggested by the germ theory of this disease.

Paul Chéron (*L' Union Médicale*, Nr. 104 and 105, 1889), in a review of the therapeutics of phthisis adopts the classification of Gilbert, and divides the new remedies directed towards the relief of this disease into: (1) Inhalations; (2) powders; (3) gaseous applications (method of Bergeron); (4) injections; (5) internal antiseptic medications; (6) modifications in climate; (7) non-medical external methods; and (8) symptomatic medication. Carbonic acid, since the experiment of Weill, has not received much attention; Nothnagel and Rosback doubt its utility. Sulphydric acid has been employed by Allevard and studied by Niepce; the patients respired during an hour 52 litres containing one-half of the gas, and good results were obtained in the first and second stages of the disease. Sulphurous acid, as we know from the researches of Dujardin-Beaumetz, produces modification of the catarrhal state with diminution of the expectoration and lessening of the cough. Inhalations of iodoform and of terebinthinate essence have yielded contradictory results; benzoate of soda has been abandoned.

Hydrofluoric acid has been, as is well known, the subject of much experimentation, and the following are some of the results: Raimondi reported to the Congress on Tuberculosis, in Paris, 128 cases treated by the inhalation of the vapors of this acid with a cure (disappearance of the bacilli) in 28, amelioration in 18 who had cavities; 5 died of acute pulmonary processes. Gaeger (*Deutsch. med. Wochenschrf.* 29, 1888) obtained in 5 cases disappearance of the bacilli from the sputum and considerable diminution in the physical signs; in 7 cases there was notable local improvement; in 2, with laryngeal phthisis, the inhalations provoked inflammatory reaction. Andollent concludes from seven observations that the inhalations act rather upon the general tubercular condition than upon the local pulmonary lesion. He secured a rapid return of appetite and lessening of the dyspnœa by the use of this method. Tisné (*France med.* 82 and 83, 1889) tried inhalations of hydrofluoric acid vapor in 46 cases, 32 of which had not passed the second stage of phthisis, and produced amelioration in 13 instances; in 16 the disease remained stationary, while in 3 it was aggravated. In emphysema and asthma Tisné was able to confirm the reservation of Chevy that the inhalations must be employed with great caution, as they may provoke attacks of suffocation. Gilbert, who has treated 30 cases, with benefit to 19, negative results in 3, aggravation of the disorder in 3, and 5 deaths, recommends the following formula, which is sufficient to use for six days:—

℞ Hydrofluoric acid,
Water . . . . āā ℥x

and concludes from his study that this method gives the best results among the newer inhalation-remedies. This conclusion is by no means in accord with the observations of all observers, thus Lépine, it will be remembered, was unable to discover any improvement in his cases, and Daremberg failed to secure beneficial results in the treatment of phthisis. Neither is this statement in accord with direct experimentation, since we know that Graucher and Chautard in their researches reached the conclusion that the vapor was of little value, and that, although if used for prolonged periods of time, it diminished the virulence of the tubercle bacilli, it did not kill them.

Among the internal remedies Chéron reviews the results obtained by Laskoff (*Nouveaux Remèdes*, 1889, 350) with the use of homeriana, a Russian plant which has an irritating oil for its active principle, and which the author prescribes in the form of a decoction or infusion:

℞ Infusum homerianæ . . . . ℥j
Distilled water . . . . Oij
To be taken in 24 hours.

With the exhibition of this remedy he obtained beneficial results in 90 out of 112 cases of phthisis, securing reduction of the temperature and diminution in the amount of the sputum.

Lashkewick has used the borate of ammonium in the dose of 3½ grains thrice daily, and found under its influence a notable lessening in the quantity of expectoration, and reduction in the febrile reaction.—*Univ. Med. Magazine*, November, 1889.

Death after Ether Anæsthesia.

A case of death from ether inhalation recently occurred at Bellevue Hospital. The patient was a male, and the ether was being given by Dr. Theodore, of the house staff of the hospital, preliminary to an operation upon the throat. The coroner's jury in the case rendered a verdict that death was caused by asphyxiation due to the administration of ether, complicated with cystic degeneration of the kidneys. Dr. Dunham, however, is of opinion that death was due to heart failure, rather than asphyxiation. All the usual precautions were taken in the use of the anæsthetic.—*Boston Med. and Surg. Journal*, Nov. 14, 1889.

Removal of Powder Stains.

Powder stains are frequently a source of annoyance from a cosmetic point of view. The methods hitherto in vogue for their removal have been more or less imperfect. The latest is, however, quite successful in its action and is very easily applied. The following solution is painted on the stains:

℞ Ammonii biniodidi
Aquæ destillatæ . . . . āā f℥i.

This will turn the stains to a reddish color. To get rid of the red discoloration, it is only necessary to paint the affected parts with dilute hydrochloric acid. — *Medical Chips*, Sept., 1889.

New Tænicides.

Areca nuts are brought from India, Ceylon, and the Philippine Islands. The *Areca Catechu*, of which they are the fruit, is a palm. Arecaline is the active principle, and it is to this that the tænicide property of areca nuts is due. In its chemical composition and its properties, this alkaloid bears a marked resemblance to pelletierine, the active principle of pomegranate. Arecaline is an oily, volatile liquid, with an alkaline reaction; it is soluble in alcohol, ether, chloroform, and water. With acids it forms soluble salts.

Areca nuts are given in the form of powder; the dose is from a drachm to a drachm and a half. The alkaloid has not yet been administered with tænicide intent.

The rules for the administration of the areca powder are much the same as those given for the administration of pomegranate bark or pelletierine. Arecaline being a poison to the worm, benumbing and paralyzing it for the time, the administration of the nuts must be followed by an active purge to remove the entire worm before it has time to recover from its stupor. It is well to precede the ingestion of the remedy by a milk diet, and by a purgative or enema the evening before, that the intestines may be cleared of fecal matters, and that the drug may have a better chance of coming in contact with the worm. The helminth is generally expelled entire four or five hours after the ingestion of the remedy.

Another tænicide is the fruit of the well-known cocoanut, *cocos nucifera*. For a long time the albumin of the cocoanut has been prescribed as a tænifuge in countries where the *cocos nucifera* grows. Berenger-Teraud, however, says that he has made trial of this remedy a great many times, and only once out of twenty-four succeeded in obtaining the expulsion of the head of the worm.

Pariso, of Athens, writes that while he resided in Abyssinia, where it is the fashion to have tape-worms, he chanced to discover the tænicide properties of this albumin. On his return to Athens, he tested it thoroughly, and always with satisfactory results, the whole worm being expelled dead.—*Boston Med. and Surg. Journal*, Oct. 10, 1889.

Stuttering.

It is a well-known fact that stutterers, when speaking in a whispering voice, show no impediment of speech. A new method of treatment has been advocated by Dr. Coen and is as follows: In the first ten days speaking is prohibited. This will allow rest to the voice, and constitutes the preliminary state of treatment. During the next ten days speaking is permissible in the whispering voice, and in the course of the next fifteen days the ordinary conversational tone may be gradually employed.—*Kansas Med. Jour.*, Oct., 1889.

Roach Destroyers.

Roaches may be exterminated if the following powder is liberally sprinkled in the cracks and corners of their *rendezvous.*

Borax	37 parts
Starch	9 "
Cocoa	4 "

Mix.

Administration of Anæsthetics.

At a meeting of the Brooklyn Surgical Society, June 6, 1889, Dr. Pilcher said: The experience of the past ten years has led me to give preference to that very popular and common inhaler known as the Allis inhaler.

Practically, for the administration of ether, it has seemed to me that the simple cone of Allis, used with that intelligence and care which ought to accompany the administration of an anæsthetic always, gives us all we desire, with the one exception of not being economical of the anæsthetic. It is true, I have seen the anæsthetic poured through it on to a patient, which ought not to be, and need not be. Of course a recent graduate, though a fool, will not err in this way in the use of ether with this instrument presented by Prof. Wight; he couldn't pour the ether into the mouth of the patient if he should try. Certainly this is an advantage if to such hands the giving of an anæsthetic must be entrusted. I certainly like this instrument. It seems as simple as anything of the kind can possibly be and answer to the indications.

I am convinced that in a very considerable portion of cases the use of ether as an anæsthetic is dangerous, and have been rejoiced to see the tendency, which is so marked in the profession at present, to study the advantages and dangers of different anæsthetics with regard to different patients, and to suit to particular patients the anæsthetics which experience shows to be the best adapted for them; so that there is rapidly becoming less partisanship with regard to this or that anæsthetic. It is a marked feature, for which I think all thoughtful surgeons should rejoice, in the conditions of to-day. The long administration of ether is certainly depressing. Even the short administration of ether has a more or less irritating effect upon the respiratory passages. Ether to any considerable extent has also an irritating effect upon the urine-secreting apparatus, and it is certainly wise for us to take these things into account in choosing our anæsthetic; and if for any reason we feel we must use ether as an anæsthetic, it seems especially wise that we should take advantage of some such device as this which has been presented to us this evening, which would diminish as much as possible the irritating effect of that particular anæsthetic.

In many cases I am convinced that chloroform should be used as the anæsthetic rather than ether; in all cases where there is recognizable irritation of the bronchial and pulmonary tissues, also where there is a diseased condition of the urinary secretive apparatus; that in young children, likewise, who as a class have been shown by experience to be peculiarly pleasantly affected by chloroform, it should be used; and at the other extreme of life, in the aged, who as a class either already suffer from or are on the verge of renal and pulmonary degenerative changes.

Now, as to the methods of administering chloroform: The most convenient and safe inhaler is always at command in a common tumbler or a common teacup, into the bottom of which a handkerchief can be put so that it shall be an inch or two away from the nostrils or mouth, and which, when put over the mouth and nose, cannot be forced so close down upon the cheek upon either side that there will not always remain still considerable apertures at those points for the abundant admission of air with the chloroform vapor. This is nothing new, but I have had occasion so many times to suggest it to men of large experience and of age in the profession, whom I have seen attempting to administer chloroform in both wasteful and dangerous methods, that possibly it may not be out of place to notice this method in this connection.—*Brooklyn Med. Journal*, November, 1889.

Sycosis.

For the treatment of sycosis, or barber's itch, Dr. Rosenthal recommends that the seat of the affection be closely shaved every day and that the following ointment be rubbed in twice a day:

℞ Acidi tannici, ... gr. xlv
Sulphuric precipit., ... ʒ jss.
Zinci oxidi,
Amyli, ... āā ʒ iv
Vaselini, ... ℥ j
M. Sig.—Use twice daily.

In a month, he says, nothing remains of the eruption but a very slow disappearing eryhema.

Cocaine in Vomiting.

Dr. M. W. Everson, in the *College and Clinical Record*, September, 1889, speaks of the value of cocaine in the vomiting of pregnancy and the obstinate vomiting of gastric ulcer and cancer. He has also found it of use in the vomiting of entero-colitis of children, a disease which is so frequent in our large cities during the heated term, and in which vomiting is often so prominent a symptom. In the latter affection it is best given in combination with bismuth. To a child two years of age he gives $\frac{1}{16}$ grain of the hydrochlorate at a dose, and repeats it every few hours *pro re natâ.*

In the vomiting of pregnancy ⅛ to ¼ grain three times daily will generally be sufficient. A formula which has proved useful in the latter affection is the following:—

℞ Cocain hydrochlorat., ... gr. ⅛
Ext. nucis vomicæ, ... gr. ⅙
Pulv asafœtidæ, ... gr. ij.—M.
Fiat. capsu'a j.
Sig.—Three times a day, a half hour before eating.

Cocaine will be found of value where other remedies fail. Dr. Everson has found it successful in those cases of vomiting of pregnancy in which the so-called specifics, oxalate of cerium, etc., have failed. In gastric cancer it will often arrest the vomiting for days at a time, thus giving the stomach rest.

The formula he has used in a number of cases of cancer is the following:—

℞ Cocain. hydrochlorat., . . gr. ⅛–¼
Thymol, ... gr. ¼–½—M.
Ft. pil. j.
Sig—Three times daily.

In every case in which it was used the vomiting and pain were noticeably lessened, and the patient was made vastly more comfortable.

But regardless of the above special diseases cocaine is of use in vomiting from any cause. The most desirable way to administer cocaine is in pill form, but it may be given in solution when a proper vehicle is added. The drug can be given in suitable doses without fear of depression.

Epilepsy Following Vaccination.

Dr. Althaus has reported a case, in the *London Med. Recorder*, Oct. 21, 1889, in which epilepsy was apparently set up by vaccination. A healthy lad of 19, who, neither in his family nor in his personal history, showed the slightest trace of any neurotic tendency, was revaccinated in the ordinary way. The vaccine caused somewhat severe symptoms, but these soon passed off. A month after the operation he was seized with an epileptic fit, and since then he has had attacks of great severity about once a month. There is no doubt as to the nature of the fits, and no other cause but the vaccination can be assigned for them.

Laxative Powder.

The following will be found an agreeable laxative:

℞ Powdered anethum } each 3 drachms.
Powdered senna }
Sublimed sulphur }
Powdered cream of tartar . 1 drachm
Powdered liquorice . . . 4 drachms.
Powdered sugar . . . . . 1½ ounces.
M.—Sig. Teaspoonful to dessertspoonful to be taken at night in a little water.

—*Pharmaceutical Era*, Nov., 1889.

NEWS.

—An effort is being made to start another Woman's Medical College in Cincinnati.

—Dr. Richard Volkmann, the famous surgeon of Halle, died November 28, 1889.

—The Idaho Insane Asylum was destroyed by fire on November 25, and eight lives were lost.

—Subscriptions amounting to $31,000 have been raised in Paterson, New Jersey, for the erection of suitable buildings for the General Hospital of that city.

—Dr. R. S. Huidekoper has resigned the Professorship of Internal Pathology and Zootechnics in the Veterinary Department of the University of Pennsylvania.

—By a gift of $5,000 to the Presbyterian Hospital in Philadelphia, Mrs. E. P. Baugh and son have endowed a free bed in that institution in memory of the late Mr. Baugh.

—A chair of Hygiene and Physical Culture has been endowed, in the sum of $25,000, at the Pennsylvania College at Gettysburg, by the parents of the late Dr. Charles H. Graff.

—A Training School for nurse girls is to be opened this month at the Babies' Hospital in New York city. This hospital is now permanently located on the corner of Fifty-fifth Street and Lexington Ave., and has a capacity of 35 beds.

—An epidemic of influenza is spreading in St. Petersburg, Russia. Half of the population of the city is said to be suffering from the disease. Among the victims are the Czar and Czarina and two of their children. There have been no fatal cases.

—Cholera is still on the increase in Persia, and the Russian authorities propose establishing at Bakou and Julfa a general quarantine against arrivals from Persia. The disease has now reached Kermansha, but has not yet made its appearance at Teheran.

—Dr. John S. Billings, with the approval of the Secretary of War and of the Surgeon General, has accepted the position of Medical Director of the University Hospital in Philadelphia. He will not relinquish his position as Medical Officer of the Army at the Surgeon General's Office.

—A new use for carrier pigeons has been found in Russia. The birds are used to carry negatives of photographs taken from balloons. The negatives are placed in envelopes impenetrable to light and can be conveyed in safety to great distances. These envelopes are tied to the birds' feet.

—The officers and friends of the University of Pennsylvania have organized a stock company under the name of the University Press for the purpose of controlling under one efficient direction the present periodical publications of the University, and of establishing such new magazines as the needs of the institution may suggest.

—By the late Dr. Ricord's will the Academie de Médicine was left 10,000 francs, the French Surgical Society, 5,000 francs, and the Society for the Advancement of Medicine in France, also 10,000 francs. His large library was bequeathed to the Midi Hospital. It is also stated that the Midi Hospital shall hereafter be called the Ricord Hospital.

—Acting upon suggestions in a communication signed by Drs. S. Weir Mitchell, D. Hayes Agnew, William Pepper, J. W. Da Costa, W. W. Keen, H. C. Wood, and William Hunt, the Board of Health of Philadelphia, on November 29, adopted a resolution in which it "strongly advises the boiling of all drinking water and milk at least 20 minutes, as the simplest and best means of purification."

—The forty-third anniversary of the New York Academy of Medicine was celebrated on the evening of November 21, 1889. Dr. William M. Polk delivered an address on "The Relation of Medicine to Some of the Questions of the Day." The President, Dr. Alfred L. Loomis, stated that the building fund of the Academy now amounted to $150,000 and it was hoped to realize $70,000 from the sale of the premises now occupied. Subscriptions of $20,000 additional were still needed for the completion of the new building.

—Dr. Lauder Brunton, who, as our readers are aware, proceeded to Hyderabad on Oct. 4, on behalf of *The Lancet*, for the purpose of repeating and amplifying the experiments made by the Hyderabad Chloroform Commission in 1888, with a view to confirm or correct its conclusions, telegraphs to that journal that the work is progressing in an entirely satisfactory manner. He has completed 275 experiments on dogs and monkeys, and the result so far has been to practically confirm the conclusions arrived at last year by the Hyderabad Commission. The telegram adds that the Nizam's Government is acting in a most liberal manner, and, in conclusion, states that the Nizam and the British Resident paid a visit to the laboratory on Monday last and inspected the work.

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CLINICAL LECTURES.

HYPNOTISM IN HYSTERICAL PARAPLEGIA.—NIGHT TERRORS.—LEAD-POISONING.[1]

BY H. C. WOOD, M. D.,

PROFESSOR OF NERVOUS DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

Gentlemen: Our first patient, to-day, is a woman, 55 years old, admitted to the hospital one month ago. Her history runs as follows: Three weeks before admission she had experienced a tingling in the fingers, accompanied with a loss of taste. This was followed by numbness in the lower limbs and heaviness of the feet. In one week's time, she could not stand upon her feet. In this condition she was admitted. There was no loss of control over the bladder or bowels, and there was no loss of sensation in the limbs. The reflexes were abolished, and the knee-jerk was gone. Some spots of local anæsthesia were found, but no evidence of general anæsthesia. When we find a mixture of symptoms in a woman: a crossing and contradiction of the lines of several distinct well-known nervous diseases, then look out for hysteria. There are here no marked signs of hysteria beyond a general hysterical appearance, but undoubtedly this is a case of hysterical paraplegia. To-day there is slight return of the knee-jerk, which is reinforced by muscular movement and the woman is now able to walk. She has been treated and cured by hypnotism, which is, as you know, an artificial sleep produced by various means. This form of treatment is greatly in vogue among the French specialists; its effect is supposed to be due to "suggestions" given to the patient while in this state and these "suggestions" are supposed to act after the hypnotic state has passed. The condition wished for, is made the subject of the suggestion. It is claimed that it exerts sufficient power to even alter organic structures. Wonderful examples are cited in support of this claim. I saw in the clinic of Luys in Paris, a male patient who was told to shake hands with a certain gentleman on awakening from his sleep. He awoke, sprang up and picking out the gentleman shook him by the hand, but was unable to explain why he had done so, simply feeling an irresistible desire to perform the act. Another patient was told while in the hypnotic state, that on a day just one year from that day, he was to go to a certain house where he would see animals and outlandish sights. On the date suggested he went to this house and imagined he saw these things he had been told to expect, but which, in the intervening time, he had not been asked to recall. While standing in the Paris clinic, the idea occurred to me that the real influence was due not to the so-called "suggestion" but to the mental impression produced on the mind of the patient. Coming to the hospital and seeing the strange sights of the hypnotized patients, and expecting to be placed under a strange influence, naturally they are in a condition to be deeply and profoundly impressed. So I determined on my return to try its use without attempting to employ the "suggestion." This woman was simply hypnotized; no suggestion was made to her and the results watched. Ordinarily she would be told, while in the hypnotic state, that she would regain power in her limbs and that her present condition would pass away. All such statements or suggestions I have carefully avoided.

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[1] Delivered at the Hospital of the University of Pennsylvania.

The next case is also a woman, age 35, who is suffering from the unusual form of hysteria, called hysterical tremors. This is a condition simulating paralysis agitans which is, as you know, an incurable disease. Luys had a man in his clinic whom he claimed was cured of paralysis agitans by hypnotism; as soon as I saw him, I was convinced that the patient had had simply hysterical tremors. He had, while I was present, an hysterical attack, and I believe that he never had anything more. Curiously enough, immediately on my return I found this case which I believe to be similar to Luys' patient. This woman is decidedly hysterical in appearance and had that constant tremor which is so characteristic of paralysis agitans. She has been hypnotized regularly and has recovered fully, also without the use of "suggestions." I have been unable to obtain that the degree of hypnotism, called the somnambulic stage, undoubtedly on account of the less sensitively formed nervous systems of our American patients. As we approach the Latin races of Europe, we find them far more susceptible to hypnotic influences than the races living in the north of the continent; this is due to the more highly developed nervous systems of the southern people.

There are three types of hypnotism, the cataleptic, the lethargic, and the somnambulic; the cataleptic, we can produce in this woman, and undoubtedly we could give her "suggestions," but unfortunately she is so deaf that the effort of hearing awakens her from her cataleptic state. The somnambulic stage we have not been able to produce; it is far easier to produce in a member of the Latin race than in the class of patients which we meet here. Our patient was hypnotized by the use of revolving mirrors, on which she was told to keep her attention, showing that hypnotism is not due to the power of the operator, but can be produced by mechanical influences. There are a number of ways of inducing the hypnotic state, used by different physicians. They consist in some modification of sensory impulses from the periphery of the body. Stroking the eyelids gently, gazing steadily at some bright object, gentle friction or pressure on various parts of the body, all accomplish the purpose in different cases. In other cases where we tried hypnotism, we have not met the success which we have seen in these two cases.

Night Terrors.

Our next patient is a boy, eleven years old, whom his father brings to us for "night terrors." At first, the attacks occurred in the night; the boy waking his parents with his screams and yells. These began when he was but three years old and continued steadily up to May, 1889. He was always wakened with difficulty and at times had that condition of perverted consciousness, in which he recognized his parents, but believed himself beyond their help or sympathy. But six months ago the character of the attacks changed; he was seized in the day-time with a curious spell, in which he ran in a circle and fell upon his face. When picked up he was unconscious and restored to sensibility with difficulty. Two weeks later he had another similar attack. Three weeks after this, on rising early in the morning, he lay down, had a tremor and a little froth was noticed at his mouth. This attack lasted three minutes. He does not know when the attack is coming on, and since they are instituted the night terrors have ceased.

Night terrors are not rarely the precursors of epilepsy; therefore it is necessary to blunt as far as possible the sensibility of the little patient. Stimulants must be avoided, coffee, tea, and similar articles; study should be laid aside, farm-life is excellent, for hygenic purposes; and the case encouraged to all sorts of out-door athletic sport. This boy is a farmer's son, and has led a busy, outdoor life, but in his case I believe the trouble to be epileptic. If put on the bromide treatment, we can accomplish a great deal, although an actual cure is doubtful. With conscientious treatment, we may be able to make the attacks come years apart.

Argyria.

The next patient is a Pole, unable to speak or understand English; so his history is more or less in doubt. He is extremely anæmic, as you would expected in lead-poisoning; he has the blue line along the gums, and he is, we have learned, a worker in lead. But on turning down his upper lip we find it discolored with lead. In argyria, this point is the first to look for discoloration, the silver staining appearing here before it shows in the skin, but this is the first time I have seen such a thing in lead-poisoning.

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Sawdust as a Dressing for Wounds.—*Cosmos* suggests the use of fine soft sawdust as a dressing for wounds, and as a vehicle for medicaments or antiseptics. It says that the dust, freed from splinters and sharp bits of wood by sifting, when used alone and dry, makes a clean and grateful dressing; that it readily takes up and holds the discharges without packing or adhering; and that it is easily rendered antiseptic by any of the methods used in preparing antiseptic cotton or wool. The *St. Louis Medical and Surgical Journal* suggests that our yellow pine sawdust, rich as it is in turpentine, would prove of itself a valuable antiseptic application.

FRACTURE OF THE INFERIOR EXTREMITY OF THE RADIUS AND ULNA; FRACTURE OF THE ELBOW JOINT; PERFORATIVE APPENDICITIS, ABDOMINAL SECTION, EXCISION OF THE APPENDIX.[1]

BY THOMAS G. MORTON, M. D.,

ONE OF THE ATTENDING SURGEONS TO THE PENNSYLVANIA HOSPITAL, PHILADELPHIA.

Fracture of Radius and Ulna.

Gentlemen: I am able to show you this morning specimens illustrating fracture of the inferior extremity of the radius and ulna. It is very unusual to obtain recent specimens of such fractures, for injuries of this kind almost always end in recovery. The patient from whom this specimen was obtained was admitted to the hospital with compound depressed fractures of the skull, complicated with grave injuries elsewhere. In a few hours the patient died.

These photographs I show you of the hand and forearm show very well the deformity which was originally described by Velpeau, and which is now generally known as the "Silver Fork" deformity. An examination of the dissected bones shows an irregular, transverse fracture of the radius half an inch above the wrist joint. On the outer side of the inferior radial fragment we find a vertical fracture, which extends into the carpal articulation. The extreme end of the styloid process of the ulna is also fractured. The upper fragment of the radius was driven under the lower fragment and firmly held by the soft parts in this position.

There was no impaction, and no dislocation of the ulna. As I hold the fractured bones in this position, the result of the accident, you can readily observe the deformity to which I have already called your attention.

The treatment of all fractures in this region consist, first, in promptly reducing the deformity; and it is always advisable to place the patient under ether. The splint may suit your convenience—a single straight, or two straight splints, one on each side of the arm, is all-sufficient. Some surgeons prefer the pistol-shaped splint; others, the Bond splint, which is somewhat curved outward;

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[1] Delivered at the Pennsylvania Hospital, Nov. 9, 1889.

at that part on which the hand rests, either a block of wood, or a roller bandage is fixed so that it shall be grasped by the hand. Such a dressing permits free movement of the fingers. No matter what apparatus, however, is used, be certain that you reduce the fracture.

Fracture of the Elbow Joint.

This patient was admitted a week ago with an injury about the elbow. There was pain, swelling, deformity, and crepitus, on account of the swelling. The arm was simply placed on a pillow, and elevated; then covered with towels saturated with lead water and laudanum. On the subsidence of the swelling the arm was placed upon a right angle splint, and carefully bandaged from the hand to the shoulder, to hold together the separated condyles of the humerus, and also to keep the arm at rest.

In treating fractures avoid early tight bandaging, for considerable swelling is likely to take place as a result of the injury.

In a fracture of the middle of the forearm, see that you have the arm in a correct position, and the radius and ulna normally separated; the thumb should be upward and outward, and the palm of the hand present somewhat upward and toward the patient. Two splints are all that is required; one should be on the inside, extending from the bend of the elbow to the ends of the fingers, and the other on the outer side from the elbow to the wrist, or slightly beyond the carpus.

In fractures of the olecranon a straight splint should be applied from the middle, or upper third of the arm, to the wrist or hand; after three weeks, gentle flexion of the elbow may be commenced, and, generally, the union is good. If there is some separation of fragments, as sometimes occurs, with fibrous union, no serious results need be anticipated. I have never seen the necessity for wiring a fracture of the olecranon, but there would be no danger in so doing under the present methods of wound treatment.

For fractures of the humerus, at any point, a right angle internal splint is all that is required, but the simplest and best form of splint is that which the patient supplies in his chest wall which answers admirably. A towel or some old linen, or other soft substance, should be placed on the patient's chest, the arm is then confined to the side by a roller bandage, which should be carried over the shoulder; a pad of cotton may be required to overcome any deformity. Such a dressing should be changed every second or third day, until union has taken place. An external pasteboard splint, moulded to cover the shoulder and arm, answers a good purpose in steadying the fractured bones. The weight of the arm, however, is generally sufficient to overcome any disposition to deformity.

It is well in fractures of the elbow joint to use flexion and extension very early, by this means we overcome in a measure the disposition to partial or complete anchylosis; if the latter is likely to occur, let the angle of anchylosis be an acute rather than a right angle, the former being so much better for future use to the patient.

Perforative Appendicitis; Abdominal Section; Excision of the Appendix Vermiformis.

On Nov. 5 I saw, in consultation with Dr. C. H. Shivers, of Haddonfield, N. J., a lad of eleven years who had a few days before been accidentally struck by the handle of a spade in the right iliac region; intense pain followed, but the boy was not wholly confined to his bed until the day subsequent to the injury; on the fifth day there was a temperature of 101$\frac{4}{5}$°, pulse 110, respiration 44, dry tongue, right iliac region very tense, exceedingly painful to slightest touch; no pain on left side of belly, there was no localized fulness or tumor, and no dulness on percussion; the bowels had been kept freely moved by salines. The boy had two days before a very slight rigor, and followed by decided perspiration; careful inquiry brought out the fact that on very many occasions during the previous two or three years, the boy had attacks of colic, thought to be due to an internal hernia, the symptoms disappeared, but the pain, however, was always in the appendix region; with this history I felt convinced that there had been chronic appendicitis, with probably a foreign body in the organ, and the injury produced by the blow of the spade handle had lighted up an attack of acute inflammation in the already diseased appendix, which becoming ulcerative had ended in perforation, and that although all of the symptoms of abscess were not present, yet undoubtedly pus had formed, and as the boy had progressively grown worse, the danger was from extension of inflammation, or the abscess bursting into the peritoneal cavity. Lateral abdominal section was performed on Nov. 6; the incision began an inch above the middle of Poupart's ligament, and to the outer side of the right linea semilunaris and was continued upward and outward for four inches; reaching the colon, and turning this in search for the appendix, an abscess was found containing from an ounce and a half to two ounces of very fetid pus; the appendix was found partially glued to the cæcum; it is enlarged, as you see, thickened and covered with lymph, and showing a perforation, which was responsible for the whole trouble. This intestinal concretion was found in the perforation; a silk ligature was placed on the appendix close to its root and the remainder was excised. The peritoneal cavity was flooded with large quantities of recently boiled water; a large glass drain tube was inserted into the wound and carried to the bottom of the pelvis and a rubber tube was placed in the abscess cavity alongside of the colon; the wound was then brought together with silk sutures; a flannel bandage and a mass of absorbent cotton held the tubes in position; milk was ordered at short intervals. The glass drain tube is kept in working order by a rope or wick made by twisting absorbent cotton. This can be changed as often as it becomes saturated with secretions from the belly cavity, and before a fresh wick is replaced the tube should be pumped out by a long-nozzled syringe. The bowels in such cases should be kept in a soluble condition after the operation by calomel and salines, there is no occasion for the use of opium, while threatened peritonitis should be treated by active purgation by salines.

The very great importance of this subject may be better understood by you, when, it is stated by Mr. Treeves that in England, alone, more than two thousand persons die of peritonitis, and it is probable that a very large proportion of these cases result from appendix disease, and I have already said that this worse than useless organ must be regarded as the root of most evil in the region under consideration.

From numerous dissections I have found that the normally placed appendix can always be found immediately under a point two inches distant from the right anterior superior spinous process, and on a line drawn horizontal from this process toward the median line of the body. There are of course many cases of simple typhlitis, which recover without operation, but a tedious recovery, recurrence, or relapse, point to a probable presence of surroundings exceedingly dangerous to the patient, and to the appendix as the source of the trouble. When the diagnosis of pus, even a small amount, has been made, the course for the surgeon to pursue is plain; indeed, now and then without positive diagnosis of pus, it would be safer to operate than to take the risk of having suppuration so near the peritoneum.

The foreign body usually found in the appendix, as in the specimen I show you, is composed of inspissated fecal matter; occasionally other substances find their way into the organ, but such is the exception. In about 80 per cent. of autopsies, the appendix will be found more or less occupied by fecal concretions. These are apt to be soft and easily indented by the finger nail, though at times salts are deposited in this material and calculi or enteroliths are thus formed.

In amputating the appendix a silk string should be tied upon the base of the appendix as near to the cæcum as possible.

The position of the perforation in these cases varies, but probably the opening takes place near the situation of the foreign body; occasionally the extreme end of the organ sloughs. In the specimen before you the perforation was found half an inch from the end of the appendix.

I have so far made the diagnosis of perforation of the appendix with abscess and performed abdominal sections, in seven cases, with two deaths. Of the latter, one was a child, four years of age, in a state of collapse when the operation began, the second case I saw in consultation with Dr. E. E. Montgomery, of this city; the patient was a woman 50 years old, who had refused operation and only consented when in condition of collapse. She died in four hours. Four of the six cases have recovered; the last case, the one which I have just related to you, is in a fair way to recovery, for all the symptoms are most favorable.

In regard to the removal of the drainage-tubes, I may remark that so long as the secretion from pelvic cavity is considerable or there is the least odor the tube must remain; when there is little or no secretion it can be removed, when a rubber drain should be substituted, which, day by day, should be drawn outward and an inch or more removed. The discharge from the abscess region after a day or two readily reaches the surface without the rubber tube, so that very early the latter can be dispensed with. Complete healing of the wound generally occurs in from four to six weeks.

COMMUNICATIONS.

IS INEBRIETY A DISEASE?

BY WM. F. MITCHELL, M. D.,

ADDISON, PENNA.

Without attempting any scientific discussion of this subject, the writer may be excused for offering a few thoughts in the columns of the REPORTER.

Theorists claim that drunkenness is as much a disease as inflammation of the brain, and that the disease is or may be one of heredity. In the REPORTER, Sept. 28, 1889, Dr. T. D. Crothers, of Hartford, cites a case at some length, in regard to a man who deliberately killed his wife. This man, after committing the crime, sauntered around the house for an hour or so, then walked over to a saloon, and drank several glasses of spirits, after which he gave himself up to the authorities.

The man's conduct in jail, for the next six months, was without note, excepting that he was depressed and melancholy, which one would naturally think a proper state of mind for such a villain to be in. The man made a plea of alcoholic insanity, or, in other words, emotional insanity; the refuge of so many cowardly murderers nowadays.

Dr. Crothers thinks his plea a just one, for some seven reasons. The criminal inherited alcoholic diathesis; he began to drink in his childhood; he did not live happily with his wife; had recently threatened to kill her; he had been violent at times, when drunk—which is a very common thing, in my experience, with drunkards,—and, of course, sorry for such actions when sober; he showed great excitement one week before the murder,—drank more than usual, is the inference—and because his wife went to church without his consent, he deliberately shot her while she slept. He was delirious and melancholy afterwards, up to the time of his trial—which condition would hardly occasion much surprise—and from all these alleged facts, Dr. Crothers testified his mind was unsound, and that he was irresponsible. The prosecuting attorney very properly, I think, argued that "intoxication was no excuse for crime," and "that no man can claim exemption from the law or the duty he owes his fellow-man, by saying he was without reason and control of himself," in consequence of having voluntarily made himself an outlaw by his actions. Dr. Crothers comments at length on what the medical experts said, and the charge of the Judge. The prisoner was righteously convicted, but died before execution. This is a fair sample of many cases cited in recent years by Dr. Crothers, only this is, perhaps, the only one who committed a murder when he had this alleged disease.

Dr. Crothers then comments further on this and other cases, holding the idea all the way through, that, because a man, endowed by the Creator with more than ordinary intellect, capable of making money, and accumulating property, deliberately gets drunk, and keeps on getting drunk, until he commits a monstrous crime, is to be held as irresponsible, ignoring the patent fact that this man, as an intelligent being, knew the consequences that would follow his indulgence in the vice, and the Doctor finds considerable fault with others, who differ with him in their views on this subject. Suppose Dr. Crothers' man had been acquitted, as he thinks he ought to have been, I presume his "melancholy and depression" would have left him, and, since Dr. C. does not say what disposition should have been made of him, doubtless he would have had him turned loose, to get another violent spell, and be ready to sacrifice another innocent life. Only a few weeks ago such a murder case was tried in the court of this, Somerset, county, the murderer being convicted of murder in the second degree, and an identical case with Dr. C.'s is on trial now in Pittsburgh, the plea being alcoholic insanity. A celebrated lawyer is employed by the defense. How do all such theories as these protect society? Who knows when he or she is safe? No man can tell when he leaves home how soon he may meet a man who has this dread disease of alcoholic insanity, or how soon his wife may be a widow, or his children orphans. A great many physicians think drunkenness is produced, many times, by the use of alcohol prescribed during some illness by the attending physician. In an experience of more than twenty-four years, I do not know of a single instance of any person becoming a drunkard because alcohol had been prescribed, and I have made careful inquiry among the neighboring practitioners, and they all have a like experience. I always prescribe alcohol in some form, when it is indicated, as do all practitioners with whom I am acquainted. On the other hand, however, I know many individuals who became drunkards from choice, and by associating with evil companions.

I do not believe in the heredity of this vice. In the neighborhood where I practice, I know a number of men who were notorious drunkards themselves, and who raised large families of boys, not one of whom follows in his father's footsteps, so far as drunkenness is concerned, while I know whole families of boys who became drunkards—in whose ancestry there was no trace of the vice as far back as the generations were known—simply because those with whom they were associated were of evil habits, and their influence bad.

How a vice can be considered a disease, is beyond my comprehension, for any sane man knows that if he drinks alcoholic liquors to excess he must necessarily become a drunkard, and all he need do, to cure himself of this alleged disease, is to abstain from the use of them. The most ultra believers of this question will certainly not dispute this simple fact. Dr. Crothers' man would never have become a criminal if he had let liquor alone.

I believe, and I think the assertion is capable of demonstration, that nineteen out of twenty young men learn to drink intoxicating liquors, because, by doing so, they imagine they will look more manly in the sight of their associates, or because others want them to drink; and they have not the stability of character to refuse. For these or some other equally frivolous reasons, I presume the drinking habit is easier to acquire than the habit of using tobacco. Every boy has a desire to learn to use tobacco, and he will never be half so sick when he dies, as after his first chew or cigar will make him, yet he continues until he becomes proficient. He will spit and puff where some one can see him, vainly imagining he is a man. Drunkenness is learned for much the same reasons. I have very little patience with a physician who with light and knowledge before him, becomes a drunkard.

I have known a great many men who had drank liquor for years, whose appetites were so depraved that they would drink anything that would intoxicate, "stop short" like "Grandfather's Clock," become sober men and remain so all their lives, without any treatment whatever, and without knowing there was any such place as an Inebriate Asylum, or that some learned doctors regarded their vice as a disease. If every man who drinks to excess does as these men did, and as many men can do, I will guarantee no person will ever be afflicted with this disease.

These persons show no symptoms of disease, except what would naturally result from their vicious habits. A man may butt his head against a stone wall, and produce inflammation or congestion of the brain, or pour acids on his person until he would have something akin to phlegmonous erysipelas, but when he knows the results of such violations of nature's laws,—violations done with full knowledge of what would follow—could his deliberate actions be called a disease? He need not butt his head against a wall or burn himself with acid. Of course no one will deny that the continued use of intoxicating liquor to excess will produce changes in the system, and ultimately certain conditions, worse, perhaps, than anything that can afflict a man, yet the fact remains that the cause or these conditions—the vice of drunkenness—is not, nor cannot, be a disease. If a man is born with some deformity, or if he inherits tuberculosis, or some such disease, he is to be pitied, but when he diseases himself, by getting drunk, he deserves no sympathy. No man ever lived who could not stop drinking if he wanted to, even admitting, which I do not, the heredity of the vice. A man who has not the will power, or, rather, who will not exercise it, for he has it, to stop a vicious and dangerous habit, without going to an Inebriate Asylum for treatment, is of very little account in this world. The same may be said of any other useless and injurious habit—tobacco, morphia, etc.—and how unmanly it sounds to hear a sane man say "I would gladly quit the use of whiskey, morphia, or tobacco, if I could, but I can't." As if a man, formed after the image of the great Creator himself, should acknowledge his inability to govern a depraved and morbid appetite.

In a recent notice, in the REPORTER, of a book by Dr. Kerr, who cites the case of a clergyman, exactly after the fashion of Dr. Crothers, for whose downfall there was no earthly excuse, the REPORTER well says: "Dr. Kerr records with such a sympathetic touch, which explains and excuses, but does not justify the act—the case is simply one in which a man yielded to temptation, and became a drunkard,'' and the "act which made him so was not caused by disease.''

Here we have the whole thing in a nutshell, so plain, it seems to me, that a "wayfaring man, though a fool, need not err therein.'' Let the man say to the tempter: "Get thee behind me, Satan,'' and he will be a sound man, so far as this disease is concerned, all his life. Suppose the opinions of Dr. Crothers, and others who believe with him, should prevail in this country, how long would it be before criminals, of all classes, would take advantage of the alcoholic insanity dodge? If a man can get released, after committing a murder, because of alcoholic insanity, a less degree of this same insanity ought to prevent his conviction for arson, a still less degree for burglary, and so on down to the petty thefts and misdemeanors. It is said to be "a poor rule that won't work both ways,'' and one class of criminals should have the same privilege that another has.

It is gratifying, however, to know, that courts and juries have not, yet, taken this view of the matter, and we hope, at least, that when a man,—as occurred some time since in New York—becomes alcoholically insane, and gouges his wife's eyes out, or murders her in cold blood, as Dr. Crothers' man did, to see the vengeance of the law, and outraged public opinion visited upon him without delay.

EXCESSIVE HEMORRHAGE AFTER EXTRACTION OF TEETH—A CASE.

BY C. H. M. NEALL, M. D., D. D. S.,
PHILADELPHIA.

WITH REMARKS
BY T. D. DUNN, M. D.,
WESTCHESTER, PA.

Some time ago an elderly woman called at my dental office to have some teeth extracted. She enjoyed excellent health, and is the mother of two children. I gave her an anæsthetic—nitrous oxide gas—and extracted on the right side of the upper jaw the second bicuspid and the first molar, and on the left side the first and second bicuspids, and the first, second, and third molars.

Before leaving my office, the hemorrhage ceased. About two hours later the patient returned with copious hemorrhage from the right side of the upper jaw, but no hemorrhage from the opposite side. I cleaned out the cavities separately, and applied Monsell's solution on cotton.

The blood pressure was so strong as to wash the compress out completely of the cavities. Finally, by strong compression by means of a roller bandage, I checked it to a certain extent. The hemorrhage then came out of the ear. The patient was very much exsanguinated from the loss of blood. I gave internally gallic acid with ergot. After I had checked the hemorrhage, I applied the actual cautery to the alveolar cavities. It was fully one hour from the time the patient came in until she departed for her home. I was told by her physician that after she arrived home—which was about twenty miles from the city—the hemorrhage returned, and that he had the same trouble as I had had. I cannot understand why the hemorrhage was only from the right side. I pulled out more teeth on the left, and larger ones. I have heard that this woman would bleed for hours if she cut any portion of her body or even scratched her hand. This is said to occur only when she is cut upon the right side of the body. If she happens to cut herself on the left side, she will bleed only a short time.

Remarks by Dr. T. D. Dunn.

Unfortunately, in Dr. Neall's interesting notes there is no mention of a family disposition or tendency to bleed, without which there must be some uncertainty whether or not the patient is a true subject of the congenital and hereditary disease, hemophilia, which is the most hereditary of all diseases. The most remarkable family of bleeders on record lived in the village of Tenna, in the canton of Graubündten, as described by Anton Hoessli, who has traced the disease in his family to the year 1640, or for nearly 300 years. I think the fact of the bleeding being confined to the right side of the body in Dr. Neall's case is a mere coincidence. I can find no record of unilateral hemorrhage in this disease, and it would not be in accordance with our knowledge of its pathology. Probably, as has been pointed out, "two circumstances combine in hemophilia—a congenital frangibility of the vessels, and a defect in the coagulability of the blood; but whereon these depend we are as yet entirely ignorant.''

The tendency to bleed after extraction of the teeth, as after all minor operations, is exceedingly common in hemophilia. Hemophilists seem predisposed to rheumatic toothache, and frequently apply to dentists who are unaware of the bleeding tendency, instead of their medical adviser. They should, therefore, be especially warned of this danger by the family physician.

The treatment of Dr. Neall's case was very judicious. In several recorded cases, after the introduction of cotton into the alveolus, a cork has been trimmed to fit the cavity and by closing the jaw, held sufficiently firm, to control bleeding, the pressure being gradually withdrawn as the hemorrhage ceases. Ranger, in St. Thomas's Hospital Reports, vol. vi, p. 121, advises that an impression of the jaw should be taken with plaster of Paris mixed with salt and warm water, the jaw to be held in position by a compress and bandage. Before taking the impression the mouth should be thoroughly cleansed of blood.

The quantity of blood lost after extraction of teeth has in some cases been enormous. Krimer reports a case in which four and a half pounds of blood were lost in twenty-four hours, and Schaefer's case lost four pounds daily for several days after an extraction. Dr. R. Coates relates a case in the *North American Medical and Surgical Journal*, vol. vi, page 45, 1828, in which three gallons (24 lbs.) were lost in eleven days. Several bleeder descendants of Dr. Coates' patient have come under my observation and are reported in the *American Journal of the Medical Sciences*, January, 1883. The marked tolerance of bleeders for great losses of blood and the rapidity with which they recover after them are even more remarkable than the severity of the hemorrhages.

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Proposed Medical Congress in Spain.—A meeting was recently held in the rooms of the Spanish Medico-Chirurgical Society at Madrid with the view of arranging an international medical congress to be held at Madrid in 1890. Though the proposal received influential support, the general feeling was that it would not be desirable to organize a gathering which should in any way clash with the congress at Berlin. The suggestion was thrown out that an attempt should be made to have the eleventh International Medical Congress held at Madrid in 1893.

UMBILICAL HEMORRHAGE: ITS TREATMENT.[1]

BY LLEWELLYN ELIOT, M. D.,

WASHINGTON, D. C.

Without entering into the etiology, the pathology, or the morbid anatomy of umbilical hemorrhage in the newly-born, I shall preface the introduction of my cases by a few general remarks upon the subject.

Text-books on Obstetrics, Diseases of Children, and General Medicine are mostly unsatisfactory in their treatment of this accident, and it is to journal articles we must have recourse for what is known concerning it. This neglect upon the part of teachers is due solely to the generally accepted belief that it is a rare occurrence. In this opinion I must differ, for cases of umbilical hemorrhage are not generally reported by physicians, owing to the fear of being charged with carelessness; again, midwives and nurses never report them. Where death follows this loss of blood, the death is stated to be from some other cause, as icterus neonati or congenital debility, since few of us care to record a death from hemorrhage.

Umbilical hemorrhage, in the newly-born, arises from carelessness in applying the ligature to the cord, forcible avulsion, fungoid excrescences following the separation at the point of ligation, or it may be of spontaneous origin. The blood is thin and watery, does not coagulate readily and may have its origin either in the arterial, the venous, or the capillary system. More cases occur in males than in females.

Accepting the figures of Dr. Joseph S. Gibb[2] as given by Hennig[3] and by Keiller[4] there were reported from 1752 until 1881, two hundred and thirty-six cases of umbilical hemorrhage. He adds one case occurring in his own practice; one reported by Dr. T. F. Prewitt,[5] one by Dr. W. H. Rouse,[6] and two by Dr. Boardman Reed;[7]

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[1] Read at the meeting of the American Association of Obstetricians and Gynecologists, Cincinnati, September, 1889.

[2] Gibb, Jos. S., Phila. Med. Times, Vol. 14, 1884, p. 616.

[3] Hennig, C., Handbuch der Kinderkrankheiten, 1877, p. 101.

[4] Keiller, A., Edin. M. J., Vol. 26, 1880, p. 389.

[5] Prewitt, T. F., St. Louis Cour. Med., Vol. 4, 1880, p. 69.

[6] Rouse, W. H., Mich. Med. News, Vol. 4, 1881, p. 38.

[7] Reed, Boardman, Med. and Surg. Rep., Vol. 54, 1881, p. 342.

making in all two hundred and forty-one cases. To these I have to add one case reported by M. Louis Hirigoyen,[1] one by Dr. D. E. Sibert,[2] one by Dr. W. T. Plant,[3] four by Dr. J. Ingram,[4] one by Dr. W. H. Thayer,[5] one by Dr. Keser,[6] two by Dr. T. J. McCarty,[7] one by James Gilroy,[8] three by W. R. Dakin,[9] one by Dr. J. M. Van Cott, Jr.,[10] and my own four cases, making the total number of reported cases two hundred and sixty-one.

The treatment of umbilical hemorrhage is both local and constitutional. The local means employed consist in a new ligature, compression, the application of tannic acid, subsulphate of iron, acetate of lead, spirits of turpentine, plaster of Paris, collodion, and the ligature en masse. Those of a constitutional character consist in good milk diet, calomel, sulphate of soda, the tincture of the chloride of iron, aromatic sulphuric acid, the fluid extract of ergot, brandy, and a general tonic course. These means are many times unsuccessful, the child is jaundiced, weak, and exsanguined, and death must be the inevitable result. In such cases, there is one treatment which should receive the attention it merits, this is the performance of a laparotomy and the passage of a ligature about the cord, before its exit from the abdomen. This operation is difficult, is dangerous, and may prove unsuccessful, but it is the veritable last straw thrown to the drowning man, and even though death would not be prevented in some cases, the number that would recover would more than balance the risks assumed in doing the operation. My convictions upon this point are strong, and I write as an enthusiast. Although the only case in which I employed this treatment proved fatal, the fact of the arrest of the bleeding after the ligature was applied, leads me to believe, that had the operation been made before the child was exhausted, by bleeding, and therefore much valuable time lost, the result would have been different. As abdominal surgery is fast taking a place as an assured success, I can see no reason for this accident being denied the benefits of an early active treatment. Intelligent parents will permit any operation that promises even a shadow of success.

Case I.—In the winter of 1880, I was called to see Daniel B——, colored, aged three days. Physical condition good. Both parents healthy. Bleeding occurred on the morning of the third day, but was not very profuse. It was controlled by a new ligature, compression, and the application of Monsel's salt. Condensed milk was given by the rectum, and small doses of calomel to overcome the constipation and the beginning jaundice. This child recovered.

Case II.—E. W——, female, colored, born April 7, 1881, after an easy labor. Hemorrhage followed forcible traction on the cord by the mother. Pressure, styptics, and astringents failed to check the bleeding. Ligature en masse succeeded, but the child died exsanguined the same day.

Case III.—John A——, colored, born October 5, 1881, after a slow and tedious labor. Hemorrhage followed accidental traction on the cord on the third day. Styptics, astringents, compression, and the ligature en masse failed to check the hemorrhage. The child died on October 9.

Case IV.—Louisa A——, colored, born at one o'clock on the morning of March 19, after an easy labor of ten hours. The child was in a fair general condition. Meconium passed in due time. Hemorrhage from the umbilical cord occurred at eight o'clock on the night of March 19, as a slight oozing, which rapidly increased. A new ligature and a compress were applied with partial success. At half-past ten o'clock on the morning of March 20, I saw the case. The child was jaundiced, the evacuations from the bowels were white and clayey. The bleeding continuing, pins were passed through the umbilicus and thread twisted around them (the ligature en masse). This was successful for a short time, when bleeding again occurred. At eleven o'clock that night, the persulphate of iron was applied. At twelve o'clock on March 21, after administering the "A C E" mixture, the pins were removed, an incision made along the side of the umbilicus, and a ligature passed around the cord before its exit from the abdomen. The wound was sutured and dressed with a pad of borated absorbent cotton and adhesive strips. This controlled the hemorrhage. The jaundice was more marked. The child, twice during the operation, showed the over-effects of the anæsthetic, and was with difficulty revived. There was no further bleeding. The child gradually grew weaker and died at two o'clock on the morning of March 23, thirty-eight hours after the operation. No *post mortem* was allowed, but close examination showed a small tear in the cord at its exit from the abdomen. The attending physician had administered calomel in small doses, paregoric and stimulants, had applied pressure, a new ligature, and persulphate of iron without effect.

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[1] Hirigoyen, L., Mém. et Bull. de la Soc. de Méd. et Chir. de Bordeaux (1883), 1884, p. 392.

[2] Sibert, D. E., Archiv. Pediat., Vol. 1, 1884, p. 307.

[3] Plant, W. T., Archiv. Pediat., Vol. 1, 1884, p. 376.

[4] Ingram, J., Louisville Med. News, Vol. 18, 1884, p. 131.

[5] Thayer, W. H., N. Y. Med. Jour., Vol. 42, 1885, p. 434.

[6] Keser, Lancet, London, Vol. 2, 1886, p. 1179.

[7] McCarty, T. J., South. Cal. Pract., Vol. 2, 1887, p. 211.

[8] Gilroy, James, Lancet, London, Vol. 1, 1888, p. 621.

[9] Dakin, W. R., Lancet, London, Vol. 1, 1889, p. 626.

[10] Van Cott, Jr., J. M., Brooklyn M. J., Vol. 1, 1888, p. 219.

The father was a bleeder, and the mother's health during her pregnancy was not good.

I trust obstetricians will give this subject more of their attention than they have heretofore done.

CONGENITAL SINUS OF THE URACHUS.[1]

BY A. VANDERVEER, M. D.,
ALBANY, N. Y.

Miss H. N., aged twenty, whose case I was requested to see with Dr. Du Bois, of New York, presented the following history:

Her mother stated that ten days after her birth the nurse discovered an unusual discharge from the umbilicus. The family physician's attention was called to it and he thought it was the result of delayed healing of the vessels of the umbilical cord. The discharge continued at irregular intervals, at times being very profuse, then quite subsiding; but for the past two years had been very distressing, in that the discharge had been more profuse and very offensive, also an unpleasant, sickening sensation so that she was unable to bear the weight of her clothing and was prevented from horseback riding or any other active exercise. From the parts above the navel there exuded at times a sebaceous substance quite sticky and very offensive in odor and which excoriated the parts somewhat. On May 20, 1886, patient was given an anæsthetic, and I found no difficulty in passing the probe down into the sinus some three inches towards the superior fundus of the bladder. The parts were carefully incised, the sinus thoroughly opened up, and I was quite surprised to notice its length, also the depth, as I was obliged to divide the tissues from the linea alba down to the sub-peritoneal space. The parts were thoroughly curetted, and lower portion brought together with sutures, and the upper part carefully packed with iodoform gauze and allowed to granulate. The union was perfect about the lower part of the incision, and the upper part healed gradually after about four weeks of treatment. The patient recovered, expressing later on, at the end of two or three months, the most marked relief from all her previous symptoms, and a complete recovery from the disagreeable discharge and odor that had annoyed her for so long a time. I do not know that there are any particular points of interest in the case except as to the previous treatment which had been carried on in the most intelligent manner possible, and was very thorough, but failed, so that the operation seems entitled to the credit of recovery of the patient.

These cases are somewhat rare and unique; very few are reported, yet it is fair to assume that a sinus of this kind is formed by the remnants of the urachus or allantois of fetal life. Cysts of the urachus have been reported occasionally, but this case did not partake of so formidable a nature as that.

CASE OF HEMATO-METRO-COLPOS.

BY EBER L. ANNIS, M. D.,
LA PORTE, IND.

The article by Ferdinand H. Gross, M. D., on "Hematometra," published in the REPORTER, October 26, I read with peculiar interest, as I lately operated on such a case; or, more correctly speaking, one of hematometrocolpos.

On July 26, I was called to see a Mrs. F., of our city, married, about thirty years old, and the mother of five children, the youngest eight months old. She gave me the following history: For four months after the birth of her last child, which was normal in every way, so far as she knew, she noticed nothing unusual until the uterus began to enlarge and she suffered from severe bearing down pains. As these continued she sent for her family physician, who diagnosticated a tumor of some kind, and treated her for some time for it. She, however, obtained no relief, and the pains becoming unbearable she sent for me. The pains were peculiar, in that they would begin at about two P. M. and last two or three hours, being, she said, "just like labor pains." They would then pass off, and she would rest well at night, but wake up to undergo the same torture on the morrow. She was pale and anemic, and to the eye presented the appearance of a woman in the sixth month of pregnancy.

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[1] Read at meeting of Amer. Ass'n of Obstetricians and Gynecologists, Cincinnati, Sept. 18, 1889.

On digital examination the finger penetrated about one and one-half inches, and was stopped by a dense cicatrix completely closing the vagina; above and below this a fluctuating tumor was felt. Upon examining the abdomen the enlarged uterus was found to extend to the umbilicus or slightly above. I diagnosed atresia vaginæ with hematometra, or rather, as Dr. Gross says, hematometrocolpos, and proposed an operation, which was gladly accepted. On the day following, assisted by my friend and colleague, Dr. R. O. Crandall, who after a thorough examination fully concurred in my diagnosis, I operated, chloroform being used as an anæsthetic. I separated the labia when the cicatrix came into plain view. Instead of using the trocar I divided the cicatrix with a bistoury making a small opening through which fully two quarts of a chocolate colored bloody fluid of a syrupy consistency escaped. I made no pressure over the uterus but allowed the fluid to gradually escape, this was accomplished in about thirty minutes. I then carried my dissection further, making a thorough division of the cicatricial tissue. The parts were then flooded and thoroughly cleansed with a hot carbolized solution and the patient put to bed. A pledget of cotton saturated with carbolized oil was introduced to prevent adhesion of the divided surfaces. There was no febrile reaction following the operation. The womb contracted well, and the patient made a rapid recovery. She menstruated sixty days after the operation and remains well to date. It seems to me that this case ought to impress the profession, as it certainly has me, with the importance of making post-partum examinations in all our obstetric cases to see that everything is all right, and that no lacerations, either of cervix, vagina, or perineum, have occurred. I regard this case of atresia as a result of a laceration of the vagina during labor and one clearly preventable.

FOREIGN CORRESPONDENCE.

LETTER FROM INDIA.

Grant Medical College of Bombay.—Its Graduates.—Past and Present.

BOMBAY, INDIA, September 24, 1889.

Since its establishment, this famous school has issued several graduates who have thrown brilliancy on the institution, spread fame in society, made names amongst their countrymen, gained glory throughout India, and whose early lives furnish a lesson for edification to many a medical sluggard of our times. From the list of old graduates we see two brightest gems "of purest rays serene," the brothers Dajees. Both brothers, Mr. Bhow and Mr. Narayan, have reached the very zenith of glory in their medical and social career. Their practice was, to say the least, overwhelming all throughout day and even night! Both of these eminent physicians combined native drugs in their English practice to a very great extent. They were the greatest and the profoundest botanists of India. They were scientific investigators of the virtues and properties of many native drugs. Due tribute is paid to Mr. Bhow's memory by naming one of the species of Boswellia after his name as *Boswellia Bhow Dajaania* and another species is named after Dr. Carter, the great medical investigator of India. The learning of these brothers Dajees was not confined to the medical sphere only, but they were great literati and eminent Sanskrit scholars. Both of them had become professors of Materia Medica and Botany in the Grant Medical College by force of their geniuses. They were University examiners, and sheriffs of Bombay. Mr. Bhow had a sudden paralytic stroke and died some time after that; and strangely enough his brother Mr. Narayan followed him after a year. On the same footing was Mr. Cutinho; he was just the beau ideal of a physician. From his tall figure, and a decent and grave style of his almost daily new dresses he used to impress on the mind of a stranger, that he was a physician. He had an extensively large practice, and was a very quick prescription writer. He died of some heart disease. Mr. Lisboa, a very old graduate, carries on a roaring practice since his graduation. The late Mr. Badhoorjee was also a dentist, and had a very considerable practice all throughout. Mr. P. M. Nicholson is a very successful and accomplished physician; so is also Mr. F. Shapoorjee. The latter is an author of a work called "Management of Children." It is a splendidly got up work of a very practical nature. Mr. Dossabhai is a very old graduate and he is also an author of a work called "Every Man his own Physician." Mr. D. Jamasjee, at first a physician to an Indian prince, is now in private practice of a very extensive character. The late Mr. Khory was, with the late Mr. Badhoorjee, a pioneer of dentistry in Bombay. Many of the old graduates are now dead.

Leaving the old graduates, and coming upon the new ones, we see a roll of another set—a connecting link—between the old and the new graduates. In this roll we see Dr. R. N. Khory, a very accomplished physician, and the author of "Digest of Medicine." Mr. Gopal is a surgeon of considerable skill and ability. Dr. A. M. Kunte is a physician of a great name and fame. Since his graduation he has been an assistant surgeon to the government and Anatomical Demonstrator in the college—a very high honor indeed. Dr. Kunte was the first to acquire the degree of "M. D." in the University of Bombay. The rest of the graduates are either G. G. M. C., *i. e.*, Graduate Grant Medical College, or L. M. S., *i. e.*, Licentiate of Medicine and Surgery. Dr. Vicajee, a graduate of the University of Paris, was at first assistant chemical analyzer to the government and is an author of several pamphlets. So was late Mr. Khory, who used to issue a monthly called "Hygiene."

From 1874 commences the period of modern graduates. They have given a new direction to the medical profession. It is the joining of the Indian Medical Services. Many have joined it now. Some of them have been to England for acquiring degree there to practice in Bombay. Some have picked up some specialty, some are in the service of the native states. Others are in private practice by themselves. Native practitioners never think of partnerships. Some are doing well; others have to wait and watch their opportunity. The medical profession is overstocked. Some have got, through influence, certain dispensaries, and like other positions at a fixed salary. There are some, who are honorary surgeons to the government. Others have become teachers in the veterinary college. Their practice is not much to speak of, and cannot be compared to the overwhelming practice of the Dajee brothers or the roaring one of Mr. Lisboa; though, no doubt, that all of them earn just enough to keep them in a decent style. It is a matter of regret that none of the new graduates have made their name and fame as medical writers in journals and periodicals, or as authors, as we see in old graduates; though the facilities of journals and periodicals are far greater now than they used to be in the times of the old graduates. Among the new graduates, Mr. Kapadia is carrying on a splendid practice; so is Mr. E. F. Sethna; and no doubt, that both of them are full of promise and zeal. Mr. K. S. Engineer is a very skillful practitioner and an able teacher in Botany, Pharmacy, Materia Medica, and Chemistry in the Bombay Veterinary College. He has been an assistant surgeon to the government since last 12 years. Mr. J. P. Nicholson—the son of the celebrated practitioner, Mr. P. M. Nicholson, of whom I have said above—is a very simple and modest young practitioner, and doubtlessly he will in due course of time be just as much famous as his father is now, if not more than he. The same may be said of Mr. C. Motabhai; he is a very industrious and steady practitioner.

D. D. Bode, M. D., D. D. S.

LETTER FROM BERLIN.

Professor Brieger on Bacteria and Ptomaines.—Toxines and their Effects.—Cholera Bacilli and Cholera Colors.—Tetanin.—Auto-intoxication.

The powerful chemical actions of microbic organisms can be observed all throughout nature. The various fermentative processes, the changes in the soil after tilling, and the transformation of insoluble matters into solubles and, for plants, assimilizable ones, are all chiefly the work of micro-organisms. The study of the chemical relations of bacteria is consequently of eminent importance for the physician who desires to comprehend the symptomological aspects of diseases of parasitic origin. For it must be admitted that the mere mechanical propagation of microbes and the subsequent abstraction of albumin and oxygen from the blood, do not suffice to explain all phenomena connected with zymotic diseases. Bacteria being living organisms, it is clear that they cannot exist except by feeding upon their surroundings, and that, on the other hand, they must excrete waste materials, which, in this instance, find their way into the circulation. The waste materials of a basic nature are clinically the most important ones, as they are able not only to damage but also to destroy the human organism. We distinguish between toxines, the more poisonous microbic excretions, and ptomaines, those of a less virulent nature. The number of chemically well-established toxines and ptomaines, which we have been enabled to prepare in a pure state is about forty-five, of which Professor Brieger has found nearly thirty himself. This number includes also the ptomaines which cause sickness en masse, such as is caused by deteriorated victuals. In the little clams (mytula edulis), of Wilhelmshafen, which a few years ago caused the death of many persons, Brieger found mytilotoxine, a body which hitherto has been found nowhere else, and which with chloride of gold forms a beautiful crystalline combination. Neurin and methylguanidin, however, which belong to the same order of toxines, can be found in various zymotic affections. The symptoms presented by a person poisoned by these little clams were a peculiar sense of constriction in the throat, mouth, and lips, burning in the extremities, numbness in the head, and a sensation as if the limbs wanted to fly upward. Every object lifted appeared of a wonderful lightness and seemingly tended to rise spontaneously. Suddenly the pupils dilated and great physical excitation set in, the patients ran about nervously until suddenly exhaustion and collapse supervened. Death was preceded by a profound fall of the temperature of the skin, violent vomiting and total loss of power. Five or six clams sufficed to cause severe attacks in adults. Some interesting experiments on animals were made with the water in which the clams had lived, and which, of course, after having been boiled did not contain any living bacteria, but only their toxine. The animals after taking this water soon began to move their heads to and fro, tried to escape under great excitement and dyspnœa, but did not get far, their legs suddenly becoming paralyzed. The muscles refused to work, and the animals sank down in utter exhaustion and perished during convulsions. Even after death the activity of the toxine does not cease, but being no longer impeded by the vital resistance of the cells of the organism it acts on the contrary, all the more violently and hastens the dissolution of the body. New toxines arise on the seventh day after death, particularly mydaleine, which even in small doses causes the death of animals with symptoms of violent diarrhœa, vomiting, and gastro-intestinal inflammation.

Of more general clinical interest are such toxines and ptomaines as arise from the actual virulence of certain bacteria. Staphylococci and streptococci, the microbic causes of pyemia and septicemia, present different chemical relations and consequently different manifestations of their destructiveness. From cultures of Koch's typhus bacillus we can prepare a toxine called typhotoxine, which injected into guinea-pigs causes paralysis of the voluntary muscles and increase of the salivary and intestinal secretions. The chemical virulence of Koch's cholera bacillus is particularly terrible, it generates, together with various special toxines, tetra- and penta-methylendiamin and methylguanidin.

This chemical action of the cholera bacillus explains the local intestinal irritation, the violent diarrhœa, the loss of the coagulability, and the varnish color of the blood, the frigidity and muscular cramps, and even the peculiar odor of the expired air of cholera patients. It is peculiar to the cholera bacillus that it abstracts from the soil on which it is artificially cultured certain substances which, after addition of concentrated sulphuric acid, produce a beautiful blue or burgundy-red fluorescent color. The colors thus produced are known by the name of cholera-blue, or cholera-red, and are genuine dyes.

From an arm just amputated from a tetanus patient we can prepare tetanin, a most virulent poison. Tetanin is a toxine excreted by Nicolaier's tetanus bacillus which originally exists in the soil, but, as Rosenbach has proved, can emigrate to the human organism. Besides this toxine the tetanus bacillus is capable of producing four other highly virulent toxines. Introduced into the animal organism the tetanus bacillus produces violent muscular spasms, cramps, and lock-jaw, with its usually fatal results. It is singular, that the introduction of toxines into the organism deprive the latter of its power to resist the entrance of dangerous or specific microbes. This, of course, constitutes a highly dangerous property of toxines. Hueppe has proved, that cholera bacilli, which could not enter the healthy organism, find their way into the latter readily and in great numbers, if their toxines have been previously admitted. The experiments of Ehrlich and Brieger have also proven that the specific poison of typhus renders the system susceptible to the admission of the microbes of malignant œdema, which are harmless to a healthy organism.

Further studies on the chemico-bacterial poisons will probably decide whether the hitherto only hypothetical doctrine of the auto-intoxication of the human body can be regarded as a scientific fact. Much more desirable, however—and this is within reach of probability—would be the capacity to afford to the system immunity against the immigration of pathogenic bacteria by means of inoculation with their toxines. For as bacterial diseases are principally intoxications, the degree of susceptibility to infections is proportionate to the greater or lesser susceptibility of the individual to the poisons. Trials with inoculations of devitalized cultures of pathogenic microbes have been successful in chicken cholera, anthrax, typhus fever, etc. But there can be no definite results in this regard without the employment of the toxine prepared pure and chemically. Chemistry and internal medicine will have to join hands in order to attain results which shall benefit the suffering community at large.

PERISCOPE.

The Effect of Distension of the Abdomen on Circulation and Respiration.

The effects of pregnancy, ovarian dropsy, ascites, and other diseases, leading to great distension of the abdomen, in impeding respiration and disturbing the action of the heart, though there is little unanimity or precision in the opinions that are entertained respecting them, are generally admitted. Such affections are, indeed, of a chronic nature; the abdominal walls have time to yield, and the organs both in the abdomen and in the chest are enabled to accommodate themselves to the altered conditions; but we are not aware that any experiments have been undertaken to determine the effects of sudden distension of the abdomen in animals until the appearance of a paper by Dr. G. Heinricius, of Helsingfors, recently published in the *Zeitschrift für Biologie.* It is generally believed that in pregnancy there is marked increase in the tension of the systemic vessels, and that as a consequence the heart undergoes hypertrophy; but, although such statements are to be found in almost every gynecological text-book, the evidence on which they rest is extremely slender. In order to determine whether any obstruction to the circulation, which may exist in the uterine vessels in pregnancy would raise the general blood pressure, Dr. Heinricius first performed the very simple experiment of tying the aorta just above its division into the iliacs, and found that in four rabbits no change took place in the arterial tension of the carotids. Hence no effect was to be expected from ligature of the uterine arteries, nor from any such obstruction as might proceed from their distribution in the pregnant uterus and in the placenta. He next proceeded to ascertain by experiment the effects of distension of the abdominal cavity in the rabbit and cat. He employed a double canula, which was introduced through or at the side of the linea alba by a small puncture in narcotized animals; one arm of the canula was connected with a vessel containing normal saline solution at the temperature of the blood, and the other with a manometer. Arrangements were further made to record graphically the respiration and the blood pressure in the carotid. The respiratory and blood pressure curves were taken after each 50 or 100 cubic centimetres of the solution had been injected into the abdomen from the vessel, and the phenomena which were presented proved to be remarkably uniform. In all the experiments, which numbered fifteen, it was found that the abdominal cavity could be filled with a large quantity of fluid, so that the parietes were quite tight, without either pulse or respiration being materially disturbed. It was only after very great distension had been produced that the respirations became more frequent and deeper, the expiratory effort being particularly well marked. This dyspnœa was apparently attributable to the diaphragm being pressed upwards and the capacity of the thorax correspondingly diminished, so that mechanical obstruction to respiration was occasioned. The effect of this was that the accessory respiratory muscles were brought more into play, and the breathing became more and more thoracic in character. But these efforts soon became insufficient to compensate for the defective action of the diaphragm. The respiratory centre became excited, but was soon paralyzed by the venous blood. The respirations underwent a change: they became first shallow and slow, then deeper; dyspnœa finally occurred, and the animal died. If we turn now to the effects of the distension on the circulation, we find that when the distension became considerable the pulse at first increased in frequency, then became fuller, afterwards less frequent, and before the death of the animal usually suddenly smaller. The arterial blood pressure first began to rise when the frequency of the pulse had considerably diminished, and then gradually fell as the pulse became smaller. Dr. Heinricius gives in the article we have alluded to numerous tracings which collectively show that the abdomen may undergo great distension without abrogation of the more important vital functions. The abdominal cavity of a rabbit can support in this way the introduction of 500 cubic centimetres of fluid without difficulty, and nearly a litre and a half of fluid can be further injected before dangerous symptoms supervene, clearly showing how extraordinarily yielding the abdominal parietes are, and affording a proof that it is not necessary to appeal to the slowness with which they are distended in pregnancy and in cases of abdominal tumor to explain the slight interference with the main functions of life that occurs in those conditions.—*Lancet*, Nov. 9, 1889.

North Texas Medical Association.

The next meeting of the North Texas Medical Association will be held in Gainesville, Texas, December 10 to 12, 1889. The meeting will be called to order promptly at 7.30 P. M.

In addition to the section work and other papers announced in this programme a number of papers and reports of cases have been promised.

The meeting gives promise of excellent scientific and social entertainment. In the last two years the Association has more than doubled its membership, and the interest in its ranks increases with every meeting. It is now established upon a firm basis and each of its more than two hundred members feels a personal responsibility and pride in laboring to promote its usefulness and further progress.

Every physician in North Texas who loves his profession, who desires his own advancement and respects ethical medicine, should attend the meetings of this Association, assist in the maintenance of its high character and encourage and foster its noted harmony.

Information on the subject may be had from J. T. Wilson, M. D., President, or Geo. R. Clayton, M. D., Secretary.

The Behavior of Germs in Milk, Butter, Whey, and Cheese.

Among the numerous labors of the Reichsgesundheitsamt, has been that of determining the behavior of certain germs of disease in various articles of food. Milk is one of the most common articles of diet; and one of the health-office collaborators, L. Heim, of Würzburg, has lately concluded a lengthened inquiry into the relations of the bacilli of tuberculosis, cholera, and typhoid-fever to it, and its products, whey, butter, and cheese. That milk is a favorite medium for dissemination of disease is well known; and Koch, among others, has shown that it is peculiarly adapted for this purpose. As regards cholera, the germs of the disease were still viable after remaining for six days in milk that had undergone no antisepticizing processes: in milk of the same character that had been kept in the ice-chest, on the other hand, no living bacteria were found at the end of three days. This part of the inquiry shows that cholera bacteria remain active in fresh milk the whole length of the time it is customary to keep it, and that they do not lose their dangerous quality for some days after the milk has become sour. The same germs were found active under some circumstances, even at the end of a month. In ordinary strong cheese they did not retain their viability over a day, neither did they in unripe cheese. The bacilli of typhoid were alive and capable of development in milk at the end of thirty-five days, but no longer so at the end of forty-eight days; in butter they remained active between three and four weeks, in cheese only three days, and in whey only during the first day. Tubercle bacilli remained capable of development for ten days in fresh milk; in milk gradually undergoing decomposition they lost their power in a period varying between ten days and four weeks. In butter, on the other hand, they retained their full power at the end of four weeks;

in whey and cheese after two weeks, but not after four weeks. The practical importance of the investigations is so obvious as scarcely to need pointing out; and their bearing on the use of milk, the preservation, carriage, preparation, and sale of it and its products, is equally obvious. Something has been done, much remains to be done, to stop the ravages of disease; and the labors of Dr. Heim are another step forward.—*Science*, Nov. 8, 1889.

Hypnotic Suggestion in Labor.

Professor S. Roman Cajal, of Barcelona, reports a case in which he abolished the pain of labor without in any way weakening the power of the uterine contractions by means of hypnotic suggestion. Ten days before his patient's sixth confinement was due, Dr. Cajal "suggested" to her, during hynoptic sleep, that her labor would be short, and that she would feel little or nothing of it. She obeyed the suggestion to the letter, and the dilatation of the os, the rupture of the membranes, and the expulsion of the fetus was all accomplished in less than half an hour. The patient was said to have had full consciousness of the contractions of the uterus, but without any sensation of pain, although the pulse was quickened and the breathing became labored, as is usual under the circumstances. When all was over she walked to bed with a firm step, and soon afterward asked for something to eat. She suckled the child on the second day, got up and resumed her domestic duties on the fifth, and was perfectly well within a fortnight from the date of lying-in. Dr. Cajal points out that the rapidity of the process in this case was not less noteworthy than the absence of pain; and this was the more remarkable inasmuch as her previous confinements had all been very long.—*British Medical Journal*, Nov. 9, 1889.

Operation on Gall-bladder.

On July 13, 1889, Dr. Terrier performed an operation which had never before been attempted in France. He established a permanent fistula between the gall-bladder and the duodenum in a woman whose ductus communis choledochus was obliterated, and who, being affected with extreme jaundice, presented very grave symptoms. Dr. Terrier has lately seen the patient, since the operation, and states that the jaundice has disappeared, the bile passes into the intestine, and the patient's health is excellent.—*Lancet*, Nov. 9, 1889.

Codeine and Morphine in Diabetes.

Dr. Mitchell Bruce has compared the effects of these alkaloids in two classical cases of diabetes. The observations extended over several months and were made with great care. The sugar in the urine was first reduced to a minimum by a strictly anti-diabetic diet, and then one of the drugs was administered to both patients, and its effects on the sugar were noted. Phosphate of codeine was given subcutaneously, and the dose was gradually increased to more than twenty grains a day. After an interval on strict diet, acetate of morphine was given to both patients, up to as high as five or six grains per diem; of the two drugs, the morphine proved to be more efficacious, as under it the sugar was more completely controlled. Codeine is much more expensive than morphine, and large doses of it are necessary. Narcotic effects from morphine seldom presented themselves so long as the sugar continued to fall. Dr. Bruce found some difficulty in removing the last traces of sugar, and he suggests that in practice we should be satisfied with reducing the sugar to a small amount, rather than use the large doses required to free the urine from it completely.—*Boston Med. and Surg. Journal*, Nov. 14, 1889.

Thermo-Palpation.

It has been known for some time that there is a difference in the surface temperature of the body corresponding to the organs underneath—that is to say, the temperature is higher over the lungs than over the liver or the heart. From a communication published in the *Orvosi Hetilap*, one of the chief medical journals in Hungary, by Herr Jonás and Dr. Benezúr, it appears that this fact is available as a basis for a novel method of physical examination which may be styled "thermo-palpation." These observers say that it does not require any peculiar sensitiveness of touch or any special education to appreciate the difference of temperature on passing the fingers over the surface of the body from the situation of the lungs to that of the liver, and that patients themselves and students who had not yet learned percussion were quite able accurately to detect the height of a pleuritic effusion by the difference of temperature. Diseased and healthy organs can be mapped out in this way by going over the surface, first, say, downwards and then upwards, when the line of demarcation will be distinctly felt. The general principle appears to be that organs containing air, such as the lungs and intestines, permit of greater surface warmth over them than more solid organs, such as the heart, liver, spleen, etc. Of course, instead of using the fingers, a differential thermometer may be employed, and much slighter differences may be recognized than is possible by the touch alone. The authors claim for thermo-palpation that it is so simple that it may be used by all practitioners as an additional method of examining their patients. Another advantage which occurs to us is that if the method is as trustworthy as they believe it to be, a good many sensitive patients will greatly prefer it to that of percussion, which, even when carried out with as much consideration for the patient as possible, is to some persons exceedingly distressing. Indeed, it is probable that some people avoid as much as possible sending for a medical man from the dread they have of being percussed.—*Lancet*, Nov. 9, 1889.

Simple Antiseptic Dressings.

The prepared antiseptic dressings now in the market are far from meeting all the requirements of the surgeon, and besides this, their preparation involves much labor and time, and often causes severe injury to the throat and eyes of those employed in their manufacture. Another, and most important point is, that the antiseptic properties of these dressings become impaired and lost after a certain time, and they are therefore of questionable value.

Dr. Oscar Bloch, of Copenhagen, in an address before the French Congress of Surgery, at its last meeting in Paris, October 12, proposed a new and simple method for preparing antiseptic gauze and cotton, the principal features of which was its universal applicability, its thoroughness, and the absence of any danger from poisoning.

Bichloride of mercury, he claimed, was a most dangerous drug to deal with, and even very weak solutions were capable of exerting powerful toxic properties. He therefore discarded its use altogether, in preference to a weak carbolic acid solution.

Regarding the preparation of antiseptic dressings he said that the surgical gauze or cotton coming into commerce should merely be aseptic; its antiseptic property being imparted to it immediately before using it.

To sterilize gauze or cotton completely, it should be treated for some time in steam and afterwards dried at a high temperature. If the dressing, thus treated, is wrapped in packages of two thicknesses of filter paper, it will remain aseptic for an indefinite period, even although the outer covering becomes soiled.

To render the dressing antiseptic, it is only necessary for the surgeon to immerse it, for a few moments, in a three per cent. solution of carbolic acid.

In this way antisepsis is insured, danger of poisoning is avoided, and the expense considerably lessened.— *Gazette Hedomadaire*, Oct. 11, 1889.

Perspiring Feet.

Not long ago the relative values of various remedies for the treatment of perspiring feet were being tested by military surgeons abroad. A weak chromic acid solution seemed to yield the best results and was adopted for the German Army. Still, the acid solution is not entirely satisfactory, since it must be used most cautiously and, when applied to sore feet, not unfrequently gives rise to severe inflammation.

A simple and perfectly harmless preparation is the following:

℞	Talc	10 parts
	Alum	2 parts

Mix, and dust freely and frequently on the feet.

This preparation has proved most efficacious and is largely used in the Swiss Army.

Saccharin.

Saccharin is said to be a powerful antiseptic. A solution of saccharin of a strength of 1 to 500 is an active germicide. A most efficient, and at once inexpensive antiseptic mouth wash can be made by preparing a six per cent. solution of saccharin in water. A teaspoonful of the drug to a pint of water would about make this proportion.

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CHARLES W. DULLES, M.D.,
EDITOR AND PUBLISHER.

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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

EARLY DIAGNOSIS OF PREGNANCY.

All practitioners are aware of the importance of observations which tend to make the diagnosis of pregnancy, during the first three months, easy and positive. Within the past few years the resources of the diagnostic art have been increased by the addition of Hegar's and what, for want of a better name, may be called the "fat-bellied jug" sign of early pregnancy. These signs were discussed Editorially in the REPORTER, November 24 and December 29, 1888. The bluish or violet discoloration of the vagina, as a diagnostic mark of pregnancy, and its true value, have also been more fully elucidated through the labors of Chadwick and others. With a thorough appreciation of these signs the practitioner who is skilled in making the bimanual examination should be able to make a very certain, if not a positive, diagnosis of pregnancy after the end of the sixth week in a large proportion of cases. This proportion depends mainly on the examiner's skill, and also on the willingness of the patient to submit to examination. An unruly patient, who tosses about during examination, or who vigorously contracts the abdominal muscles, can often prevent even an expert from drawing more than a suspicion from his examination, as to the conditions present. It is difficult also to arrive at a satisfactory conclusion from the examination of corpulent persons, no matter how willing they may be. Furthermore, pregnancy may be complicated by vaginitis, unilateral salpingitis, or other pelvic inflammation, rendering an examination so painful as to prevent accurate conclusions being drawn. And when we add to these the women who will not submit to an examination, or who are not asked to, it is plain that, in spite of the great value of the signs named in the diagnosis of early pregnancy, there remains a certain percentage of cases, in which these signs are either not available, or are insufficient.

In a contribution to the *Journal of the Amer. Med. Association*, Dr. Llewellyn Eliot discusses the pulse-test, or Jorissenne's sign of pregnancy. Dr. Eliot states that a remarkable constancy in the pulse-rate exists during pregnancy, no matter what position the gravid woman assumes. He tabulates nineteen cases in which this point was noted. The variation in the pulse-rate, taken with the subject standing, sitting and lying, was usually from two to four beats per minutes, and the extreme variation was six beats.

According to Flint, the pulse in woman is: standing, ninety-one; sitting, eighty-four; lying down, eighty. This is the average of a large number of observations. He states, however, that in some women the attitude hardly affects the pulse-rate. The pulse sign of pregnancy is not generally employed in the diagnosis of that condition. Nor, at first thought, does it seem that the test will prove generally reliable.

The difference in the variation for the pregnant state, as given by Dr. Eliot, and that of the non-pregnant state is not great; and, as the pulse-rate is liable to be altered at any moment by emotional or other influences, the chance of error is clearly great. However, theoretical considerations should have little weight in a practical matter. This sign is certainly worth looking for; and, should further observations demonstrate its reliability, it will prove of very great value indeed, especially in the class of cases in which the more usual methods of diagnosis are not available.

THE CENSUS AND VITAL STATISTICS.

The last meeting of the American Public Health Association, which was held in Brooklyn, October 22–24, was one of great importance; and the papers read of a very high degree of interest.

Foremost among these was a paper read by Dr. John S. Billings, on the subject of "The United States Census in its Relation to Sanitation." Dr. Billings emphasized the importance of the collection of vital statistics, which many men do not regard as so important as other work in behalf of public health. In order to convince the press and the community that the work of a board of health is necessary, he said, we must produce constant, undeniable evidence; and this evidence must be mainly death-rates, to which should be added all the sickness-rates obtainable. To do this there must be a complete registration of deaths and births, and an enumeration of the whole population. Before the Association meets again, the eleventh United States census will have been taken, and its methods and results are of great interest to all sanitarians. One of the most important questions to be settled before the census is taken is, "What shall be the boundaries of the special districts of the city for which a separate statement of the population is desired?" In some cities the wards form fairly satisfactory districts for the purpose. Where this is the case it makes the problem very easy; but in many cities these divisions bear no proper relation to different sanitary conditions; therefore in about a dozen of our large cities it is proposed to make a systematic division of the area into sanitary districts having special relations to altitude, character of habitations or of population, etc., and to have special death-rates calculated for each of these districts. This, Dr. Billings says, is being done, in conference with the health authorities of these cities, and it is hoped that in this way some very interesting data will be obtained which will serve as a foundation for sanitary work in the future. He advocated also the plan of charging all deaths occurring in hospitals to the ward or district of the city from which the patient was taken to hospital. In cases of death of colored persons it is very desirable that it should be stated whether the decedent was black or of mixed blood, such as mulatto or quadroon; since one of the most important questions in the vital and social statistics of this country relates to the fertility, longevity, and liability to certain diseases of those of partly negro and partly white blood. For all cities of ten thousand inhabitants and upward, it is proposed to collect as complete information as possible with regard to altitude, climate, water-supply, density of population, sewerage, proportion of sewered and non-sewered areas, and other points bearing on the healthfulness of the place which permit of comparison with the death-rates. The cordial co-operation of all physicians and sanitarians is solicited in making the data of these reports accurate and complete. It is desired to make these vital statistics an unanswerable argument in favor of systematic public sanitary work and of the granting of State and municipal funds necessary for maintaining such work.

We most heartily commend these views of Dr. Billings to the attention of our readers. Most of them have probably had reason to regret the exceedingly great imperfection in the methods of collecting and tabulating vital statistics in this country which are now in use; and it is to be hoped that they will not fail to appreciate the present opportunity of co-operating with so able and so devoted a sanitarian as Dr. Billings in bettering the existing state of affairs. It is fortunate that the Government has placed so competent a man at the head of this department of census work, and we trust that the readers of the REPORTER will neglect no means of aiding him in making it an important help for many years to come to all who are interested in promoting measures for improvement of the public health.

EXPERIMENTAL INVESTIGATION OF HYDROPHOBIA.

In the matter of the disease known as hydrophobia there are uncertainties and contradictions of observation and experience which makes it still the most obscure subject in the whole round of medical science. A careful comparison of the symptoms ascribed to it in ancient and modern writings, with those observed in a number of better understood disorders, compels the conviction that many cases reported as hydrophobia ought to be classified differently. The commonly held ideas in regard to its symptomatology bear the marks of ignorance and superstition, and its pathology is—we may say—utterly unknown. The ablest students of the subject are agreed that there is nothing characteristic and peculiar to be found in the bodies of men or of animals dying of rabies or hydrophobia; and in this, as Bollinger has pointed out, in his chapter on the pathological anatomy of hydrophobia, in Ziemssen's Cyclopedia, we are in the same state of ignorance as we are in regard to the pathological anatomy of epilepsy, tetanus and chorea.

It is not surprising, then, that many medical men hailed with delight and accepted with alacrity the suggestion of Pasteur that an absolute diagnosis of the presence of genuine hydrophobia—or rabies humana—can be founded upon the effect of inoculation of the substance of certain parts of the body upon the bodies of previously healthy animals.

Confidence in this method is founded upon two sorts of reasoning: first the deductive, which characterized the original announcements of Pasteur; and second, the inductive, which characterizes his later work and that of his followers. The former may have been as correct as it was unquestionably brilliant, but the latter has more elements of stability and deserves more consideration. The former met with as strong antagonism on the part of a few critics as championship by many admirers of the eminent savant who propounded it; the latter likewise has been, on the one hand, opposed at every step, and, on the other, endorsed and commended as it went along. The truth in regard to it cannot be said to be incontrovertibly established as yet; still, the evidence which will ultimately settle its correctness or incorrectness is accumulating; and we may be nearer a final determination than appears.

One thing, at least, is lacking before the end can be obtained, namely the demonstration that nothing beside the so-called "virus" of Pasteur is capable of producing the manifestations usually attributed to experimental rabies. This is necessarily very hard to demonstrate, because, no matter how many substances may be tested in this way, it is still possible for a caviller to claim that something yet untried might produce the same effects; and it must be admitted that heretofore no systematic attempt has been made to perform so extensive a series of experiments as would exclude any large number of substances, normal or abnormal, from the category of those which may produce phenomena analogous to those produced by Pasteur's virus of rabies.

The attention of our readers has already been called, simultaneously with their announcement, to the experiments of Spitzka with various irritating materials, and to those of Peyraud and Trasbot with tanacetic acid—in regard to the latter of which the most surprising ignorance is manifested by certain experimenters and authors.

The best contribution to filling this gap in the argument of Pasteur and his followers, with which we are familiar, is that of Dr. Arnold Paltauf, of the University of Vienna, as reported in a paper in the *Vierteljahresschrift für Gerichtliche Medicin*, October, 1889. Some familiarity with the literature of hydrophobia warrants the statement that the paper of Dr. Paltauf is one of the most admirable contributions to it which has ever appeared. What concerns us most at present, however, is the fact that he is thoroughly convinced of the reliability of the "inoculation test" of the genuineness of a suspected hydrophobia. In corroboration of his opinion, he cites a number of experiments on rabbits with fragments of medulla oblongata taken from the bodies of individuals who had died of epilepsy, acute delirium, acute mania, delirium tremens, tetanus and eclampsia. None of these experiments resulted in manifestations similar to those produced by inoculation with the virus believed to be that of hydrophobia, or rabies.

Striking as these results are, it may be that they are not as conclusive as they appear; for other experimenters may have a different experience. This would not be surprising; for contradictory observations are not unknown in experimental pathology. Paltauf himself gives some space to combating the claims of Shakespeare, in the *Centralblatt für Bakterien-und Parasitenkunde*, 1889, Band II, No. 18, that experimental tetanus can be produced by inoculation with the medulla of tetanic subjects; and it is possible that his own negative results with the disease named above may be opposed by positive results obtained by other experimenters.

The length of this Editorial precludes further discussion at present of the subject in hand; but we would be glad if it attracted attention to a matter about which we have some decided opinions, and which invites to careful and unbiased study. Justice to the truth demands that such excellent work as Paltauf has done should receive due recognition; and no one who seeks the truth should hesitate to recognize its importance. It need not be taken as settling the very serious question of the nature of hydrophobia; but it deserves all the respect which is accorded by fair-minded men to careful and conscientious scientific investigation.

INTEGRITY IN MEDICAL COLLEGES.

It is a sign full of good omen that just now the attention of the members of the medical profession in this country is being called, in a number of different places, to the shame of dishonesty. For some years past there has been an apparent indifference in the profession to the questionable methods of some medical journals and medical schools, and, indeed, of certain medical practitioners. But now there seems to be a sort of awakening, and from various directions indications appear that it is only a temporary and seeming success which can be secured by ways which honorable men do not approve. It is well, we think, that responsible medical journals should, when occasion offers, express the sentiment of the best part—and by far the greater part—of the profession, so that those who might mistake its silence may understand clearly that the way to attain true success is to avoid not only the committal but also the appearance of evil. Not long ago, one of our contemporaries pointed out the practical deception in the way in which a medical school printed the names of its graduates and matriculants, so that a false impression might be made as to their numbers. This is a fault which may not be very serious in itself, and one which admits of a plausible explanation; but it shows the natural inclination to swerve from the path of exact rectitude when there is some temptation to do so. Instances of like frailty might be cited from a number of medical schools in this country, but at this time a single case is enough to suggest the thought we wish to present, and to justify our pointing to the general sentiment of the profession, which, if properly appreciated, will no doubt prove sufficiently strong to correct a number of errors which now exist, so that these fountains of instruction may furnish also examples of general management and of personal character which their alumni may not fear to cite as ideals of what such institutions should do and be.

THE WATER-SUPPLY OF PHILADELPHIA.

It is with great regret that we note the fact that, on October 29, seven physicians of Philadelphia who are well known to their fellows in the profession and to the community, addressed a letter to the Board of Health urging it to adopt a resolution requesting the citizens to "boil all drinking water." The reasons given for making the alarming suggestion are so vague and expressed in such general terms that it is not easy to pick out a definite assertion for examination; but the burden of the complaint seems to be that the present water-supply of Philadelphia is injurious to the health of the citizens.

This the signers of the letter indicate by using the expression "the acknowledged unwholesomeness of our water-supply." In doing so, however, they are simply joining their names to those of others who have brought an unfounded accusation against the water of this city, and who have been unable to justify their statements by any evidence of a scientific character. Whatever may be true in regard to defects in the water-supply of Philadelphia, one thing is certain, and that is that the persons who have thought it dangerous to health have found it much easier to say so than to prove it.

As a large part of the complaint about the Philadelphia water is supposed to be justified by the prevalence of typhoid fever it is interesting to note that the *Ledger*, November 29, 1889, contains a carefully prepared editorial, showing that typhoid fever occurred relatively less frequently in Philadelphia from 1880 to this time than it did in the decade from 1860 to 1870; while the known and estimated mortality from typhoid fever in 1889 will be almost exactly the same, with a population of nearly a million, as it was in 1865, when the population was about six hundred thousand. This statement will not surprise any person familiar with the vital statistics of Philadelphia; but it places in a strong light facts which seem to be unknown to some of our medical men.

The facts as just given are of great significance, for they present the case of typhoid fever in Philadelphia under conditions not only of increase in the population of the city but also of increase of population and of assumed pollution in the whole Schuylkill Valley.

The old adage *ex uno disce omnes* applies to the present discussion. It is with no intended disrespect to the signers of the paper referred to above that we call attention to the fact that eminence in the medical profession should make those who enjoy it especially careful in expressing opinions on subjects of which they have only a general knowledge.

No careful study of the water-supply of Philadelphia has ever been made which furnished any good evidence that it is unwholesome or unfit for drinking without boiling.

This fact may not, and does not, affect the large and important matter of getting, if possible, still more agreeable drinking water; but it suggests that regard for their reputation for sagacity should prevent representative medical men from making assertions which neither they nor anybody else can establish when challenged to do so.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. BY W. S. PLAYFAIR, M. D., LL. D., F. R. C. P., Professor of Obstetric Medicine in King's College, etc. Fifth American, from the Seventh English edition. With notes and additions by Robert P. Harris, M. D. With five plates and two hundred and seven illustrations. 8vo, pp. xxv, 671. Philadelphia: Lea Bros. & Co., 1889. Price, cloth, $4.00; sheep, $5.00.

Playfair's Obstetrics is so well known to English readers, that it is unnecessary to draw attention to its special features in detail. The fact that it has passed through seven editions in Great Britain and five in this country is ample evidence that the profession appreciates its compact form, pleasing style, and its thoroughly practical exposition of the subject. The present edition has been quite fully revised, especially by the American Editor, whose contributions to earlier editions have been in great part re-written. The author could have still further improved the work by more extensive revision.

The amount of space devoted to the subject of abdominal palpation is entirely inadequate, and the student will be utterly unable to obtain results in diagnosis from the teaching here presented. The author speaks of autogenetic and heterogenetic infection in puerperal septicemia. This is not in accord with modern views, since it is now held that all infection must come primarily from without. But it accords with what is now well known to be true, namely, that the vagina contains large numbers of micro-organisms, which doubtless at times prove the source of infection in septicemia—no other infectious material reaching the puerpera. The section devoted to antiseptic and germicidal agents could be improved upon by insisting upon the evil as well as the good which may result from the use of these substances. The use of boiled water as a means of cleanliness is not appreciated. The chapter devoted to pelvic cellulitis and pelvic peritonitis does not reflect the opinion held by certain abdominal surgeons that these inflammations are simply complications and secondary effects of tubal and ovarian disease, as was held by Bernutz many years ago. Ante-mortem and post-mortem sections must settle this question. The truth probably is that, while salpingitis is a much more important and frequent cause of puerperal peritonitis and cellulitis than is taught by the author, these diseases are not uncommon in puerperæ, the route of infection being other than the Fallopian tubes.

The work of the Editor has added much to the value and freshness of this book, especially in the sections devoted to the Cæsarean Section and allied subjects. We can but think that no little part of the interest now felt in the Cæsarean Section is due to the work of Dr. Harris, in studying the history of the subject, and especially the causes of success and failure attending this operation. In spite of the lack of thorough revision by the author of this book, it is undoubtedly one of the best and by far the most readable of the shorter treatises on obstetrics.

◆

—The suggestion is made that New York might get out of its electric execution dilemma by putting condemned murderers at work as telegraph linemen in New York City.

CORRESPONDENCE.

A Correction.

TO THE EDITOR.

Sir: In the REPORTER of November 30, 1889, you published a review of my little work entitled "Questions and Answers on the Essentials of Medical Chemistry."

While thanking the reviewer for endeavoring to point out some errors and omissions, I feel called upon to revise his would-be corrections. He states that "on page 41 Cl is called a heptad and N a diad." The latter is simply a typographical error, and would arise by its third position in a progressive series; and I trust that my reputation as a chemist insures me against being thought capable of presenting nitrogen in that role.

As to chlorine being a heptad, I would like to ask my reviewer if, besides being a monad, triad and pentad, it is not also a heptad; or: if Cl, I and Mn are not septivalent, which elements are septivalent, or how can septivalency be illustrated otherwise?

As to the supposed error pointed out by my reviewer of giving the specific gravity of the NaOH solution in Fehling's test as 1.34, when according to him it ought to be 1.14, it is probably due to the fact that my reviewer did not read my formula closely enough. I give only 100 c.c. NaOH solution for the 500 c.c. alkaline Seignette solution instead of the often used 300-350 c.c. solution of the specific gravity of 1.14. Fehling, and after him Soxhlet, who has so thoroughly gone over this field, give no specific gravity for NaOH solution in Fehling's test but state that in one litre of the solution (both alkaline and cupric) there should be about 50 grammes NaOH (see Fresenius' Analysis). To give 1.14 as the sp. gr. for 100 c.c. NaOH solution to be used would yield a reagent decidedly deficient in alkalinity. It does not matter, therefore, what the specific gravity of the NaOH solution used may be if the amount is in proportion to the total NaOH required. The formula of Fehling's solution published by me is *correct*, and is used and advocated by many of our most prominent physiological chemists. It may be found in T. Cranstorm Charles' celebrated work on physiological and pathological chemistry, and in many of the later German works, as well as those by some American authors, and is that used at the chemical laboratory of the Jefferson Medical College.

I offer this simply as a correction for what might have led your readers to think wrong.

Yours truly,
L. Wolff, M.D.,
Demonstrator of Chemistry, Jefferson Medical College.
Philadelphia, Dec. 3, 1889.

NOTES AND COMMENTS.

Iodide of Potassium.

At a meeting of the French Academy of Medicine, Dr. Germain Sée read a very interesting paper on "How Iodide of Potassium acted on the Heart." He commenced by saying that although ten years had elapsed since he introduced into medical practice the treatment of asthmatic and cardiac affections by iodide of potassium, yet nobody has ever inquired how it acted in such cases. All the actions of the two salts were not the same; that of potassium excited the heart and the vaso-constrictor nerves, and consequently raised the pressure of the blood, while the iodide of sodium did not do this. Injections of both salts into dogs were made, and the blood pressure in the femoral and carotid arteries recorded. The injection was made into the saphena vein. With the iodide of potassium the blood pressure arose immediately several centimetres and remained stationary for a considerable time. At the end of an hour a gradual descent took place. The vaso-constriction is to be attributed to the potassium, and the vaso-dilatation to the iodine. Iodine usually provokes a congestive condition of the bronchial mucous membrane, this being due to the vaso-dilatation of the vessels. The first and principal of these therapeutic congestions is that which occurs in the respiratory organs, producing a veritable hyper-secretion. Thus it results that the viscous and adherent exudation of mucus which characterizes the troublesome expectoration of asthmatics is softened and replaced by a liquid secretion, and consequently the air penetrates more freely and the dyspnœa ceases so soon as the iodine commences to act. The cardiac organ is materially strengthened, the circulation of the coronary arteries receives a considerable impulse as well as in the whole arterial system, as a result of its action on the nervo-muscular system and the myocardia in particular. The phenomena due to the iodine soon appear, in which are manifested the general vaso-dilatation, and, as a consequence, the heart, in order to propel the blood through its own arteries and into its own tissues, is no longer obliged to furnish the same amount of work as in the former state, as the tonicity of the arteries, the natural obstacle, is modified. Hence the organ, far from being depressed and weakened, beats with renewed energy and strength, and the sphygmograph indicates a full and strong pulse. For a long time Dr. Germain Sée has recognized the utility of iodine in several heart affections, and only in cases where it determined hemorrhage or gastric troubles did he refrain from prescribing it. When the dyspnœa is pulmonary from venous congestion, or œdema, iodide of potassium is given with best advantage. The cardiac affections which are mostly benefited by this treatment are adiposis, fatty degeneration, weakened heart, cardialgia, nervous or organic irregularity of the heart. As to the aneurism of the aorta, iodide of potassium is the only remedy that gives real satisfaction. In conclusion the author said iodide of potassium was the true cardiac agent. Far from being a depressor, it was particularly useful in mitral lesions with debility. It raises the energy of the heart and the vascular pressure. Then, in dilating the arteries, the flow of blood is faciliated and the organ recovers its contractile powers. — *Medical Press and Circular*, October 23, 1889.

Creasote in Phthisis.

The literature on this subject is increasing. From a paper emanating from the Greifswald Klinik of Professor Mosler, we learn the method in which it was employed in a comparatively large number of cases, and the results obtained after careful observation. The patients were fifty-three in number, and the mode of administration was by capsule, and in a mixture with tincture of gentian. The dose was small at first, and there were but few complaints of its disagreeing. Its reported effect in reducing the temperature was not confirmed. Thirty cases distinctly improved under its use, and in twelve of the number the improvement could not be put down to any other cause than the drug used. In the lighter cases of hemoptysis it had an action apparently favorable, as the expectoration became less and the hemorrhage ceased. Bronchial secretion and cough constantly diminished, but the sputum still contained tubercle bacilli. The improvement was the greater in proportion to the quantity of creasote borne. If the results in far advanced phthisis were nil, the drug was certainly to be recommended in commencing disease, and in those chronic cases which had not advanced too far.

Professor Sommerbrodt, of Breslau, treats of the same subject in the *Therap. Monatsch.*, July, 1889. He maintains that creasote is an anti-bacillery remedy of the first order. Guttmann affirms, that in order that the body may be in a state of perfect disinfection, more than one gramme of creasote must be in circulation at once. Sommerbrodt has given this daily dose to hundreds of phthisical patients. One patient took nearly nine ounces of creasote, and thirty-five ounces of Peruvian balsam between September 1, 1888, and the beginning of June, 1889. The result was extraordinarily favorable. The chief thing to be careful about, is to give the medicine on a full stomach. The more creasote is borne the better the effect. Notwithstanding the experiments of Cornet which showed that the incorporation of creasote did not hinder the growth of the bacilli, this does not impair the professor's faith in the direct antagonism of creasote to tubercular infection. Small doses are of no value, but fifteen to twenty grains given daily for months together can alone produce any effect.—*Medical Press and Circular*, Oct. 30, 1889.

Extra-Genital Syphilis in Moscow.

Professor Pospêloff, of Moscow, has recently published an account of the extra-genital syphilis which he has met with, amongst the working-class population in Moscow. He has seen a great many more of these cases amongst women than amongst men, the actual figures being fifty-two male and 146 female cases. The most common seat of these non-venereal sores is the mouth. This kind of infection is mainly due to the dirty habits of the people, who habitually eat together out of the same vessel, and even with the same wooden spoon, which, if any of the persons using it are syphilitic, soon becomes a fruitful source of infection. Again, it is found that in small factories and sewing shops the workwomen very frequently suffer from extra-genital syphilis, showing that cleanliness and sanitary supervision are very defective.—*Lancet*, Nov. 2, 1889.

Toxic Nephritis.

A discussion took place at the recent Congress of the Italian Society of Medicine, upon Bright's diseases, in which the views of Semmola, as to the dependence of albuminuria upon the malassimilation of proteids were in part adopted by M. Rattone, who further declared that nephritis is not invariably due to a primary renal lesion, but to a transmission, through the kidney, of substances which have a toxic action and produce inflammation of the vessels of the connective tissue and epithelium. In the majority of cases acute nephritis is, he thinks, due to the introduction of an organic (microbe or its product) or inorganic poison.—*Lancet*, Nov. 9, 1889.

Death from Rabies after Treatment by Pasteur.

A sad case is reported in the *London Med. Recorder*, Oct. 21, 1889. A man was bitten by a dog on March 3, 1887. The dog was at once killed, an autopsy was held and the animal was pronounced to have been suffering with rabies. The man had the wounds touched with nitrate of silver, and then went to Pasteur's Institute, where he was treated and later discharged as cured. On May 20, 1889, two years later, Dr. Desquin was called to see the man, and found him suffering with symptoms of hydrophobia. In spite of all that could be done the poor patient died in two days.

High Temperature in Children.

It is a well-known clinical fact says Dr. W. J. Tyson, in the *Lancet*, Oct. 19, 1889, that the body temperature changes quickly in children, and without this knowledge we should be constantly alarmed. He refers to cases to which one is called at night, with a temperature of 102° to 104°, a pulse varying from 100 to 150, and the respiration, as a rule, not increased in the same ratio. On visiting the child the next morning the temperature is normal, or even subnormal, and the child apparently perfectly well.

Some men will say that the medicine ordered, such as tincture of aconite, in drop doses frequently, a cooling saline, or a little gray powder, has been the means of lowering the heat. This may or may not be so. The most common cause of the elevation of temperature is probably some error in diet; another common cause is a sort of sunstroke. Children, in playing, constantly throw off their caps and hats, and are exposed to the sun for many minutes.

Digitalis in Pneumonia.

Since 1883, Dr. Petresco has treated all cases of pneumonia by means of large doses of the infusion of digitalis, one to three drachms of dried leaves to seven fluidounces of water and one and one-half fluidounces of syrup; dose, a tablespoonful every half-hour. The results have been eminently satisfactory, the attack generally aborting by the second or third day, and the physical signs disappearing altogether at the end of the third. In certain cases twenty-four hours have sufficed to enable the patient to return to work. The tolerance and non-poisonous effects of the drug were proved by 755 observations.—*London Med. Recorder*, Oct. 21, 1889.

Association of American Anatomists.

The second meeting of the Association of American Anatomists will take place in the Biological Department of the University of Pennsylvania, December 26, 27, and 28. This meeting is expected to be one of considerable interest as it is the first one since the organization of the Association; and is an attempt to unite the anatomists of this country, which it is hoped will prove successful and profitable to the development of this branch of science. The members of the medical profession are invited to attend the meetings.

Salol in Burns.

Grätzer recommends a mixture of from 2 to 3 parts of salol with 50 parts of starch as an application to inflamed and painful surfaces, bruises, burns, and painful skin diseases of all kinds. The relief is said to be great and very prompt. The remedy is simply dusted on the surface.—*National Druggist*, Nov., 1889.

Cocaine.

Dr. Szumann, in the *Therapeutische Monatshefte*, suggests some limits within which cocaine may be used with safety, a point of great practical interest. With doses for adults of one-half to three-fourths to one grain subcutaneously he saw no untoward effects; one grain, however, is adapted only to robust individuals. Some patients will, of course, bear very large doses, among them certain opium takers, who have used as much as seven to thirty-seven grains daily, though one may get toxic symptoms in such patients from an injection of one and a quarter grains.

With nervous patients, and also with those having cardiac disease, as well as those inclined to cerebral congestion, large doses of cocaine may prove dangerous on account of the marked effect on the heart and circulation. Where injections of cocaine are made about the head, not more than half a grain should be used.—*Boston Medical and Surgical Journal*, Nov. 14, 1889.

Blockley Hospital.

The third annual banquet of the Association of ex-resident and resident physicians of Blockley Hospital, was held December 3, 1889, at the Hotel Bellevue, in Philadelphia. The attendance was large, and the cheer was very good. The association elected Dr. Alfred Stillé to be President, Dr. E. R. Stone to be Secretary, and Dr. J. B. Walker to be Chairman of the Executive Committee.

Creolin Irrigations in Dysentery.

The encouraging results obtained by Kortum, Neudorfer, and Esmarch in the treatment of dysentery with irrigations of a creolin solution, have recently led Dr. Nicolaï P. Ossowsky to test its efficacy in a large number of cases of the disease occurring in soldiers. His experiences with the drug, which are reported at length in the *Gazette Hebdomadaire*, October 4, 1889, were most satisfactory. In every instance the treatment was followed by a speedy and complete recovery. In many cases all symptoms of the disease disappeared in two or three days; in few only was it necessary to continue the treatment for a week.

The irrigations were made two or three

times a day, according to the severity of the case, and a one-half per cent. solution of creolin employed. Ossowsky used a long rubber catheter in giving the irrigations so that high portions of the bowel could be reached.

Dr. Kolokoff, of St. Petersburg, has likewise used the drug in a large number of cases with equally happy results.

Nitrous Oxide and Ether.

A contributor to the *Lancet* says that the nauseous flavor and the sense of suffocation from ether can be entirely done away with by the use of nitrous oxide, and its inhalation made more agreeable than even that of chloroform, while the patient quickly becomes unconscious without the struggling so common with chloroform. The writer goes on to say, he has not yet found a single patient who has once inhaled ether preceded by nitrous oxide complain of suffocation, or object to take it again on the ground of its unpleasantness.

Mouth Washes.

Hygiene of the teeth is as important as that of other parts of the body; and prophylaxis in this direction will prevent decay as well as keep the teeth clean and the breath sweet. Monte, in the *Deutsche med. Wochenschrift*, October 31, 1889, gives the two following formulas for prophylactic mouth washes:

℞	Acidi borici	gr. xxxviij
	Aquæ destillatæ	f ʒ vij
	Tincturæ Myrrhæ	♏ xxxxviij
M.		

℞	Sodii salicyl.	gr. xxxxiij
	Aquæ destillatæ	f ʒ vij
	Tincturæ Myrrhæ	♏ xxxxviij
M.		

Sig. Wash out the mouth several times daily with either of the above formulæ.

Codeine in Abdominal Pain.

The fact that many practitioners still prefer opium to morphine in the treatment of abdominal pain, led Lauder Brunton to question whether some other alkaloid than morphine was not more powerful in cases of this sort. Barbier, in 1834, found that codeine had an especial action in lessening pain from irritation of the solar plexus, while it did not disorder digestion, and rather aids the action of the bowels. Brunton concluded from these and other experiments that codeine is likely to be of value in relieving abdominal pain, and has employed it with success especially in painful affections of the intestine and lower part of the abdomen. It is particularly valuable where morphine is to be avoided on account of the condition of the heart or lungs, or where it is desired not to interfere with the action of the bowels, on the other hand, where there is much diarrhœa it is not so serviceable as morphine or opium, because it does not lessen peristaltic movement. The dose employed is half a grain in pill.—*Boston Med. and Surg. Journal*, Nov. 14, 1889.

Treatment of a Cold.

Dr. S. Wilson Hope, in the *British Med. Journal*, Nov. 11, 1889, says that 20 grains of salicylic acid, given in liq. ammon. acet. three or four times a day, will so far control a common cold that the aching of the brow, eyelids, etc., will cease in a few hours, while the sneezing and running from the nose will also abate, and will disappear in a few days, and, more fortunate still, the cold will pass off, and not finish up, as is customary, with a cough.

Internal Urethrotomy in Cuba.

Dr. Ignacio G. Plasencia, in his inaugural address on the occasion of his admission to the Cuban Royal Academy of Medical, Physical, and Natural Sciences, gives an account of 133 cases in which he has performed internal urethrotomy. He states that from his experiences strictures treated by cutting from within do particularly well in Cuba—a good deal better than in Europe,—the climate appearing to favor this operation in a remarkable manner; urethral fever being much less frequent, and, when present, less severe, than is usually found to be the case after urethrotomy in Europe. None of his cases were complicated by purulent infection; and extravasation of urine occurred in five only of the oldest and tightest strictures, which were not operated on as soon as they ought to have been. The instrument preferred by Dr. Plasencia is the urethrotome of Maisonneuve. — *Lancet*, Nov. 9, 1889.

Cooling the Body by Spray.

Dr. S. Placzek, in the *Lancet*, Nov. 9, 1889, says that he has applied the spray for the purpose of reducing febrile temperatures in human beings. In the case of a man suffering from phthisis, whose temperature was high, he found that by spraying about a pint of water at between 60° and 70° F. over his body the temperature fell to normal, and continued so for several hours. Again, a similar method was satisfactorily applied in the case of a girl with diphtheria. In the healthy human subject the spray lowered the temperature nearly 2°, and in animals which had been put into a condition of septic pyrexia by injections of bacteria the temperature was reduced to normal by the spray.

Funeral of Philippe Ricord.

The funeral ceremonies of the great specialist were among the most impressive that Paris has seen for many years. Ricord's historic house in the Rue de Tournon was beautifully draped, and the large courtyard converted into a *chapelle ardente*.

Military honors were rendered to the deceased doctor as a Grand Officer of the Legion of Honor. The cortège, which was preceded by a military band playing Chopin's funeral march, was very long, and in it were represented various orders of nurses and religious sisters of the Parisian hospitals, the officers of a number of institutions and orders, and a very large number of the profession. The service was at the church of St. Sulpice, which was entirely draped, was very impressive and beautiful.

A most touching incident was the playing by M. Batta (an intimate friend of Dr. Ricord's) on his violoncello, the "Adieux de Marie Stuart," a favorite musical *morçeau* of his deceased friend. Addresses were delivered by Dr. Pean, in behalf of the Academy of Medicine, and M. Peyron, on behalf of the Public Assistance.

Incompatible Drugs.

The *Druggist's Circular*, December, 1889, commenting on the careless prescription of incompatible drugs, says: The latest in this line comes from a correspondent of the London *Lancet* of September 28, 1889. This innocent individual states that he prescribed for a patient suffering from painful rheumatism, antipyrin with salicylate of soda, and was astonished after a few hours to find that the compound had resulted in the formation of a hygroscopic cream. Later he tried to mix antifebrin with salicylate of soda and found that the two previously white powders now formed a pink powder. The writer wants to know what the changes are in these instances; whether new compounds are formed; if so, their formulæ; and whether the pharmacological (sic) action of the drugs is destroyed by such combination. He says, further, that since he discovered the effect of the union of antipyrin with salicylate of soda he has ordered the two drugs in solution. Whether he puts them both in the same solution, or, exhibiting them in separate solutions, allows the patient to test their incompatibility in his stomach, he does not say; but in any case it is a very dangerous tampering with drugs the chemical compatibility of which has not been established.

It is to be hoped that some chemist will put these observations to the test and give the correspondent the desired information. It might be well, also, to suggest to him that this sort of chemical experimentation will some day kill its man by the development of a poison from the union of two non-poisonous compounds.

Bacteriology.

The bacterial origin of malaria was suspected many years ago, even before the invention of the microscope. In a treatise by Marcus Terentius Varro, *De Re Rustica*, written about 114 B. C., the following passage occurs in a chapter giving directions for the building of a house in the country: "Attention must be also paid as to whether there are marshy places, but for the same reasons, and because when they become dry, certain minute animals breed, which the eye cannot discern, and which borne through the air, penetrate into and within the body, by the mouth and nostrils, and propagate obstinate diseases. A situation on which the sun shines all day is more salubrious, for if any animalcules breed and are brought there, they are either blown away or they soon perish from drought." The passage is certainly a remarkable one, although it is impossible that Varro could have possessed any of our modern knowledge on the subject.—*Popular Science News*, December, 1889.

NEWS.

—The deaths of fourteen infants in London last week were attributed to "overlaying."

—Dr. William C. Krauss has been elected lecturer on Pathologie at the Niagara University Medical College.

—The University of Basle is the only one in Switzerland which still refuses to admit women to its medical teaching.

—Dr. Neumann, of Vienna, who attended Dom Luis I, the late King of Portugal, during his last illness, received a fee of about $20,000.

—Dr. Thomas J. King, a prominent physician of the "Southern Tier," died in Machias, Cattaraugus Co., N. Y., on November 5, 1889.

—A reception was given at Rochester, on November 29, to Professor Joseph Leidy, by the resident alumni of the University of Pennsylvania.

—The Municipal Council of Rome has decided to establish a training school for nurses, under the direction of Professor Durante, the well-known surgeon.

—The French Government have appropriated out of legacies left to the State, the sum of 4,000,000 francs for the erection of a French hospital in Constantinople.

—Several cases of food poisoning, one of which has terminated fatally, have recently occurred in the neighborhood of Carlisle, England, due, it is thought, to the eating of pork pies.

—During the first half of the present year, 6,796 persons were vaccinated in the town of Naples and the villages round it. Of these, 6,355 were successful, the result in 3 cases being doubtful, and in 300 *nil.*

—Mr. Henry K. Jessel, assistant to Professor Pitt, in the Department of Natural Sciences, at the Buffalo High School, has been elected Assistant in General Chemistry and Physics in the Medical Department of Niagara University.

—It is officially stated that between July, 1888, and August, 1889, 60,385 persons died of cholera in the Philippine Islands. Both the authorities and the people seem to accept the situation as quite in accordance with the eternal fitness of things.

—Dr. R. S. Huidekoper's resignation from the Veterinary Department of the University of Pennsylvania has been accepted. Mr. Charlemagne Tower, Jr., has been elected Manager of the Veterinary Hospital. Professor C. H. Dolley was added to the Veterinary Faculty as Professor of Biology.

—A syndicate of English capitalists have subscribed £1,000,000 to start and operate a beef extract and meat canning works in the Argentine Republic, and have engaged a Chicago meat packer to act as their agent. The projectors intend to compete with Herr Liebig, the famous beef extract manufacturer.

—A disease has made its appearance in the Springwater Valley, N. Y., that is said to be baffling the skill of the local physicians. The disease, according to the local lay papers, resembles malaria, during its first stage, but when treated for that develops into typhoid fever of a low form and lasting from six to eight weeks, at the end of which time death usually takes place. Up to December 5, forty cases were reported.

—Reports from Illinois, dated December 4, state that diphtheria is very prevalent in various parts of the State. A physician of Macon reports 75 cases, with 5 deaths, while two physicians of Illopolis report 57 cases with 7 deaths. At Macon and other towns the public schools have been closed. At Clinton, Ill., the United States Post Office has been quarantined on account of the spread of the disease. The disease is also prevalent in Monticello, Ill.

—Two prominent surgeons in Pittsburgh are charged with having left a pair of forceps in the abdominal cavity of a woman after a laparotomy. The presence of a foreign body was discovered by another surgeon, whom the patient had called in, and the wound was reopened and the forceps removed by him. The surgeons who made the first operation acknowledged having missed the forceps at the time, but refuse to believe that the instrument was found in the abdomen.

—Professor E. E. Eichwald, of St. Petersburg, died on November 2 of carcinoma of the bladder. Dr. Eichwald was formerly Professor of Medical Diagnosis at the Medico-Chirugical Academy of St. Petersburg; later was promoted to the chair of Clinical Medicine and made Chief Physician to the Military Hospital. It is to Dr. Eichwald that the profession in Russia owes the establishment of the clinical institute for the instruction of qualified men, which bears the name of the Princess Helena Paulovna.

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CLINICAL LECTURES.

EAR PRESENTATION.—PLEURISY IN CHILDREN.[1]

BY EDWARD P. DAVIS, M. D.,

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL, ETC.

Ear Presentation.

Gentlemen: This morning I will tell you of a case which was recently in the Maternity, and will give you a few practical ideas which it will be well for you to bear in mind. The woman was a multipara, and her pelvic measurements were as follows:

Between the spines	27	centimetres
" crests	27½	"
External diagonal	18	"
One of the pelvic diagonals	18	"
The other " "	20	"
Circumference of pelvis	82½	"

The position of the child was diagnosticated as left occipito anterior; the heart sounds were 133 per minute, and the presumptive diagnosis was that the fetus was a male. The labor proceeded normally and the head descended into the pelvis. During an interval of relaxation between the pains, however, the head suddenly swung round, and the right ear of the fetus presented. This is a complication which, if not attended to, may lead to delay in the labor, impaction of the head, possibly to version, and still more rarely to craniotomy. In some cases this may be remedied by placing the patient upon that side towards which the occiput is presenting, elevating the hips and flexing the thighs, when spontaneous rotation may occur, and the head present normally. This failing, obstetrical instruments must be resorted to, one of the best being the antisepticized hand of the obstetrician. Dr. Strengel, the resident, immediately inserted his hand, pushing up the forehead and pulling down the occiput, and the labor proceeded normally to delivery.

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[1] Delivered in the Philadelphia Hospital.

Pleurisy in Children.

I will now speak to you upon the subject of pleurisy in children. Owing to the inclemency of the weather I am unable to bring before you the child whose case I present. Pleurisy in children is not rare. This statement was controverted years ago when it was thought that pleurisy was limited to the adult age. Children not only can have pleurisy but do have it about as frequently as adults. The difficulty, however, consists in making a correct diagnosis, and often the condition is overlooked. The disease in children arises from the same causes as those which produces it in adults. Thus, we may have an infectious pleurisy, due to a micrococcus of some sort; then again, it may arise as an inflammation, the result of a caries of a rib, or as a complication of tubercular infection; or it may be associated with pneumonia or bronchopneumonia. It may further follow one of the exanthematous diseases, or occur during the stage of convalescence after rheumatism.

The diagnosis is obscured by the fact that the child will not accurately locate the pain. Most pains are referred by children, either to the head or to the abdomen. Then a physical examination will give us less definite information in children than in adults. Still, percussion is a valuable aid in forming a diagnosis. The child may show an elevation of temperature, 102° or 103°, a rapid pulse, rapid respiration, and cough. If it be an infant it cries when it coughs, and it cries because it coughs. This shows that there is pain of an acute character caused by the movement of the respiratory apparatus. In percussion we may get some slight dulness at the base from the beginning effusion. Auscultation reveals vesicular respiration over both sides, but diminished over the diseased side, and exaggerated over the sound side, and somewhat bronchial in character. At the apices, particularly of the diseased lung, we get bronchial breathing associated with a tympanitic note, sometimes known as Skoda's tympany, and supposed to be due to a consolidation of the lung below. When we examine the child's chest, we are struck with one fact, and that is the presence of the line of empyema of necessity. This is the line an empyema will take if left to develop spontaneously, and this "necessity point" of empyema in children gives us a clue where to look for the first bulging of the chest. It is found more commonly in the anterior portion of the chest at the junction of the second and third ribs with the sternum. The first and second interspaces often bulge early. If we measure the chest from the spinal column to the centre of the sternum on each side we may find but little difference. Occasionally the diseased side will be smaller than the other if the disease be chronic, while, if the disease be acute and the amount of exudation large, it may be enlarged. Respiration may not be at all disturbed. Again, the physical sign in a child's chest in pleurisy changes marvelously from day to day. We may have dulness or percussion with bronchial breathing on one day, while on the next they will be absent. To avoid making any mistake in this matter we should hold the child for some moments in one position before percussing in order to allow the fluid to gravitate to the dependent side. There is nothing characteristic in the cough of pleurisy in children. The effusion may be serous, sero-fibrinous, or purulent. Occasionally caseation, decomposition of the pus and the formation of green matter with the ptomaines will occur. The resolution of a serous exudate is often very rapid. A serous exudate may at times give rise to a high temperature and lead us to suspect pus when it is not present. When a purulent effusion is present it may be marked by a low temperature. In time, however, it will give rise to symptoms of constitutional depression which should not be mistaken for anything else. We should always suspect this condition in cases presenting an irregular temperature followed in a few days by bulging of the chest. The actual test for the nature of the fluid is to be made by means of the hypodermic needle or the fine needle of an aspirator, the operation performed antiseptically. We may puncture the lung several times without doing any damage if the syringe is clean, the skin be well cleansed, and the thrust made quickly and deeply, and the piston of the syringe slowly withdrawn. In old cases the canula may be blocked by fibrinous masses, and no fluid escape. We should always put the fluid obtained under the microscope, and study carefully the characteristics of the bodies seen in the field. If the exudate be serous, all that we shall find will be some blood corpuscles, free epithelial cells and threads of fibrin. If it be purulent, we should notice the character of the pus cells, whether they be old and dead, or healthy and vigorous. On the distinction between these points will often depend the question of the treatment.

It may be well to ask: What will nature do in these cases, if we do nothing? In the serous cases, infants can generally manage the disease themselves, and if they are in good condition, very little treatment is needed. The sero-purulent exudation, however, must have a different method of treatment. If left to nature, the pus will burrow into the mediastinal spaces, the pyogenic membrane will become greater in extent, hectic will occur, and the cavity be emptied by the spontaneous formation of fistulæ. Then, if the pleuritic exudate be complicated with pneumonia or tuberculosis, it will form and reform as new portions of the pleura become affected, it being simply a part of the main process.

A serous exudation needs some treatment in the beginning of the case. When such a condition exists there may be some displacement of the heart, and the child, as an adult, lies upon the diseased side. Thus, if it be a left-sided pleurisy, it will nurse from the right breast of the mother, and mothers will tell you that there must be something the matter with the left breast, because the child will not take it. As a matter of fact, the left pleura is more often affected, in the proportion of four to one. In treating a beginning pleurisy the first indication is to apply cups. If it be a strong, healthy patient, you may use the bleeding cups, but in the majority of cases the simple dry cup, with a rubber bulb attached, may be used with greater comfort, and as efficiently relieve the pain. We may then place the child in a tepid pack, by wringing some flannel out of tepid water, and wrapping it around the child from the suprasternal notch to the umbilicus. This will give relief and exercise a favorable influence upon the course of the disease. Antipyrin in small doses is the best sedative in most cases. As the disease goes on, if the effusion be serous, we may give diuretics, the simpler the better. The best is water in large amounts. The salts of potassium and sodium, especially the citrate of potassium, are of value. A good combination is digitalis, liquor ammonii acetatii, and nitre; this acts both as a febrifuge and diuretic. The child should be kept quiet in a warm bed, and the temperature of the room should be regulated. The bowels should be kept open, and liquid food administered.

If empyema exists, what then shall be done? This is a question which is often disputed, equally good authorities taking opposite views. It is not always necessary to open the chest; but it is necessary to get the pus out. The simplest rule is first to try to empty the chest by aspiration, but not to delay this effort, for the pus may begin to disintegrate, micrococci form in it, and a chronic abscess produced. A simple piston syringe may be used for the purpose of aspiration. This is merely an exaggerated hypodermic syringe with a series of needles of various sizes. If we happen not to have an aspirator, we may apply the principle of the syphon. A trocar and canula may be inserted, the trocar withdrawn and the end of a long rubber tube slipped over the canula. This must be filled with an antiseptic fluid up to the end of the canula. The end of the rubber is allowed to drop into a vessel and then the pus, if fluid, will begin to run out. Aspirators are many and numerous, and work largely on the principle of the piston and valve. In using an apparatus for emptying the chest, certain precautions are necessary. Great gentleness should be practiced, with gradual withdrawal of the fluid. If the chest be emptied rapidly, dyspnœa may be produced with collapse, and more rarely death. Then the injection of antiseptic fluids into the chest has produced death. Before the operation, the patient should have a little stimulus, such as whiskey or brandy and water. A reclining position should be adopted. It is rarely necessary to use an anæsthetic for the purpose of aspiration, and an anæsthetic would mark the symptoms of danger. If sudden pain, dyspnœa, and exaggerated cough occur: stop at once. Give an anodyne to relieve the cough. Upon the removal of the needle close the wound with adhesive plaster.

How often shall we aspirate? Twice and no more, according to the best authorities. After two aspirations, if the fluid reforms, we have reason to fear that the patient's condition will become that of a chronic suppuration. We must then institute permanent and thorough drainage. An incision must be made into the wall of the chest, and a rubber tube introduced into the pleural cavity and allowed to remain, cutting off an inch or two every day. There is a decided disadvantage in this, namely, the presence of the tube, which tends to irritate the part and to produce a permanent fistula between the lung and the pleura. The better operation is to open the chest freely. This is done preferably in the eighth or ninth interspace in the axillary line, though some go as high as the fifth or sixth. The incision should be made at the upper border of the rib, the tip of the finger introduced and moved freely about to break up the adhesions. Then a small tube should be introduced and held in place by a stitch. If the pus is offensive and decomposed, irrigate the chest with an antiseptic fluid. Then apply an antiseptic dressing, and place the patient upon a stimulating and supporting diet. If resection of the ribs is resorted to, remember the position of the intercostal artery at the lower border of the rib. Cut down upon the centre of the bone, raise the periosteum and do a sub-periosteal operation; and the bone will form again. Resection has frequently been practiced on children. Three-quarters of an inch from one or two ribs may be removed to give sufficient room for drainage. In ordinary cases recovery is prompt. If performed late, when the periosteum of the ribs is diseased and tubercular affection has become grafted on the empyema, the prognosis is almost hopeless.

The case which I had intended to show you is that of a girl between two and three years old. Empyema followed whooping-cough and broncho-pneumonia. Aspiration was performed once, and between three and four ounces of pus was evacuated. Her temperature has not risen since, her general condition is excellent, and we hope that the empyema was circumscribed or loculated, and that recovery will be permanent. We shall incise and drain the pleural cavity thoroughly if further empyema occurs.

REOPENING AN ABDOMINAL WOUND; CHRONIC OVARITIS FOLLOWING SPECIFIC VAGINITIS; UTERINE HEMORRHAGE FROM PROBABLE ABORTION.[1]

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Reopening Abdominal Wound.

Two weeks ago I operated upon a woman forty years old, suffering with a malignant growth of one ovary. As there were very extensive adhesions, which had to be torn up; a drainage-tube was introduced. The patient was very restless after the operation and in her movements the tube was displaced, so that it no longer drained the abdominal cavity, and was removed on the third day. The patient did well, however, until the end of a week, when there was an elevation of temperature, which continued in spite of methods taken to reduce it. Vaginal examination revealed a collection of fluid in the pelvis, and an attempt was made to open through the vagina; but feeling the sac give way internally while the manipulation was being made by the vagina, I made up my mind at once to reopen the wound. A foul collection of serum was found in the immediate vicinity of the ligated pedicle. This was sponged out; the cavity thoroughly irrigated, a drainage-tube introduced and the wound again closed. The drainage-tube was surrounded by rubber dam and the wound subsequently frequently flushed, without the necessity of disturbing the dressing. The wound was reopened on the twelfth day after the operation, the temperature had been high for five days, but now at the end of two weeks the patient is improving as rapidly as could be expected. (This patient subsequently entirely recovered.)

Chronic Ovaritis following Specific Vaginitis.

This woman is a domestic about eighteen years old. Her father and mother were healthy and died from unknown causes. She has had the ordinary diseases of childhood and was never rugged. Menstruation appeared when she was fifteen. A year and a half ago she had an attack of rheumatism for which she was treated in this house. She has suffered from an attack of vaginitis due to exposure to a specific virus. She has never been pregnant. She entered the house last fall complaining of pain in the left ovary, for which the organ was removed, after which all the distressing nervous symptoms of which she had complained, disappeared. Two months ago, the pain returned in the right ovary.

Thorough examination discloses absence of any growth upon the left side, as you would naturally expect from the history of the former laparotomy; but on the right side she is exceedingly sensitive, presenting an indication of either chronic hyperemia of the ovary, or ovaritis. This condition would explain her distress and neurasthenic appearance. In all cases presenting the subjective symptoms of this patient we would proceed to make a careful examination of the condition of the pelvic organs, and especially of the appendages to the uterus. This examination is made by the conjoined manipulation, introducing one or two fingers into the vagina, as the calibre of that canal will permit. In careful examination it is better to use the finger of the hand corresponding to the ovary to be examined; thus the left hand for the left ovary, and vice versa. The examination is not complete until the rectal touch has been practiced. Let me caution you not to pass the finger from the vagina into the rectum without cleansing, for in cases of vaginitis you are likely to carry the poison and set up a rectitis that may cause your patient great inconvenience. On the other hand the introduction of the finger into the vagina after removal from the rectum, without cleansing, will be likely to offend the sensibility of your patient so much as to lead her to dispense with your services. I have been told of the discharge of a physician for having wiped his fingers upon the patient's monveneris after a vaginal exploration.

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[1] Delivered at the Philadelphia Hospital.

The ovaritis in this patient is, without doubt, due to the specific vaginitis. The ovaritis was attended with severe pain, and was accompanied, partly from the pain, and partly from the reflex influence upon the surrounding organs, with a marked neurasthenia. During menstruation, her pain is very much lessened, because the flow decreases the ovarian congestion. Anemia is a marked symptom, in this case, and is usually so; the ovarian hyperemia leading to free loss of blood during menstruation favors this condition, on the other hand the anemia tends to increase the quantity of the flow.

The treatment is local and general. The former consists in counter-irritants to the region of the ovaries and to the surface of the uterus. Probably the best is the use of electricity: varying its use between the faradic current with a bi-polar electrode and the galvanic current with one electrode in the uterus. The general treatment consists mainly in building up her health by the proper use of tonics, rest, out-door exercise, and pleasant surroundings. The operation of laparotomy should be deferred as long as possible, unless it is evident that the tubes or ovaries contain pus, when every delay is but time lost.

Where the operation is done because of specific infection, it is better to remove the organs upon both sides, and where one organ is left because it seems comparatively healthy, it will soon be found to be the seat of a redevelopment of the disease leading the patient to be subjected to the necessity for another operation.

Uterine Hemorrhage: Probable Sequel of Abortion.

The next patient I show you is a woman with this history: She is thirty-one years old, and has been suffering for several weeks, and, as you see, she is very pale and anemic. Her father died from phthisis, her mother from heart disease. She had the ordinary diseases of childhood; began to menstruate in her thirteenth year, and continued regularly. She has had two children, both of whom were still-born. One month ago she had a chill, and lost she says three quarts of blood. Two weeks ago another chill occurred again with hemorrhage, and one week ago there was a pint of blood lost accompanied with a chill. The uterine cavity was then subjected to curetting. As this operation was done before her entrance we are ignorant of what light it threw upon the condition. No hemorrhage has taken place since.

What is the cause of the hemorrhage in this patient? This is a very important question, for upon its solution depends largely the treatment to which it will be wise to subject her.

Uterine hemorrhage may occur from a variety of conditions. As exuberant granulations upon a lacerated cervix; villous degeneration of the endometrium; uterine polypi or myomata epithelioma of cervix or body; products from incomplete abortion. It may also result from diseased conditions outside of the uterus, as cystic degeneration of the ovaries, or it may arise from systemic affections as chronic diseases of the heart and kidneys; as the result of infection of various poisons, as typhoid, malaria, etc.

She has a lacerated cervix, as there is only slight eversion and no exuberant granulations it is evident that this is not the cause. The uterus is of nearly normal size and in correct position, the ovaries are not found to present tenderness or other characteristics of disease. Hence we can say that the hemorrhage is not a symptom in this case of polypi. Malignant degeneration of the uterus, myomata within its walls, or cystic diseases of the ovaries. That it is not due to disease of the heart, liver or kidneys is evident from the absence of any other symptoms of disease of those organs. We are led by the process of exclusion to the belief that this condition has arisen from one of two causes: either as a result of malaria, or from an incomplete abortion. Although there is nothing in the history of the patient to confirm the diagnosis of probable pregnancy, I am inclined to believe that the attempted expulsion of the products of conception were the cause of the repeated hemorrhages; could we know the character of the products obtained by curetting, we could probably be certain in our diagnosis. It is true, the hemorrhages were accompanied by chills, but these were irregular, occurring at long intervals, and the patient has shown no disposition to a return since the curetting.

This patient is an instructive one. She impresses upon us the extreme importance of carefully investigating each individual organ. If the physician had attributed to the laceration of the cervix the symptoms and performed the operation upon her the distressing condition of the patient would have become aggravated. Nor should we hastily resort to laparotomy. The proper procedure in hemorrhage from the uterus, where the physical signs afford no interpretation, would be the dilation of the uterus so that the finger may explore its cavity. If granulations are present the curette should be used, fibroids may be enucleated, and astringents applied, where it arises from endometritis. Where the uterus is free from disease, we must direct our treatment according to the knowledge derived from the investigation of other organs.

It should not be forgotten that hemorrhage may arise from the vagina following vaginitis or it may come from a caruncle of the urethra. This enumeration will impress upon you the importance of a general examination and of having a general knowledge of the practice of medicine, before entering upon the practice of a specialty.

* * *

—Five children were bitten by a vicious dog while returning from school near Fort Recovery, Ohio, Dec. 16. The newspapers say that all have since developed symptoms of hydrophobia.

COMMUNICATIONS.

SKIN-FLAP OPERATION FOR THE RADICAL CURE OF HERNIA.

BY W. A. HAWLEY, M. D.,

CRESTON, IOWA.

I have originated an operation for the radical cure of hernia, which, in five cases, has proved a success. I say that I have originated the operation, for the reason that I cannot find anything like it in the literature on the subject, and also because I am the only one, so far as I know, who has ever done the operation.

This operation I will call the "skin-flap operation." It is performed as follows: The hernia is reduced, and the parts are first washed with soap-suds and shaved, after which they are washed with an antiseptic solution. A portion of the skin over the external abdominal ring, inguinal canal, and internal ring, in the shape of a parallelogram two inches wide and about four inches long, is then denuded of its epithelial layer with a sharp curette. After the surface of the skin is denuded and the hair follicles and sweat glands are destroyed, leaving the surface raw, I remove a triangular piece of the whole thickness of the skin, above and below the ends of the denuded territory of skin as represented in the diagram (Fig. 1). Two skin flaps are now made by carrying an incision longitudinally through the denuded skin, parallel to the sides and midway between them, from above downwards, directly over the internal ring, the inguinal canal and the external ring. The skin is next dissected up on both sides far enough to allow the skin to be drawn forward until the sides of each triangle meet.

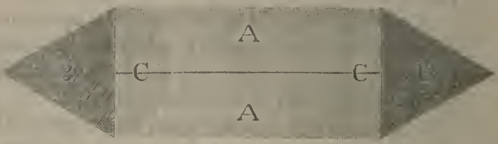

Fig. 1.

Then a section is made through the external oblique, the internal oblique, and the transversalis muscles to the peritoneum, thus destroying the external ring, the canal, and the internal ring. The wound is then closed and the operation is completed by drawing the skin flaps forward and passing them down into the incision through the deeper structures and under the muscles, and suturing them. The suturing is done with silver wire. Each piece of wire is armed at each end with a needle, and the needles are passed from within outwards, one on each side, going through the inverted denuded skin, the muscles, and the skin on the surface. Each suture is left incomplete until all the needles have been introduced and drawn through to the eye. Then, beginning with the upper suture and proceeding regularly downward, both needles of each suture are drawn through the tissues at the same time, and the wire is fastened. A drainage-tube may be placed in the lower angle of the wound, and the whole is dressed as in any other operation. In every case so far healing by first intention has occurred, leaving a solid retracted cicatrix; and to all appearances it is impossible for hernia ever to occur on the operated side.

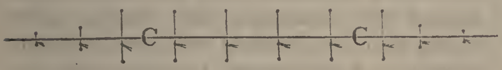

Fig. 2.

I return to the abdominal cavity all tissue that is returnable and leave the sac in situ to increase the strength of the cicatrix, cutting through the sac and leaving as much of the sac tissue on one side as on the other, bound in, or hemmed in, by the skin flap. If I find it necessary to remove the sac or part of the omentum, I do so.

The distinctive feature of this operation consists in the method adopted to completely obliterate the external ring, the inguinal canal and the internal ring.

I have now operated upon five patients in this way and have had them under observation, after the operation, for from nine months to two years. To perform the denuding of the skin has been the most tedious part of the operation for me, as I have no battery, therefore I have used a sharp curette. A galvano-cautery would, perhaps, be the best thing to use.

It is interesting to note what becomes of the spermatic cord during and after the operation. In Gray's Anatomy it is stated that "in the male the spermatic artery and vas deference may be divided" in operations for hernia; and this is just what I do. Practically, I pay no particular attention to the cord, but cut right through the canal lengthwise, taking care not to injure the nerves. Ordinarily, I use only one set of sutures, namely, that which unites the line of the inverted skin surfaces, making the stitches on each side go through the skin which is turned under, as well as that which covers the abdomen on each side of the opening. In two of the operations I used a set of superficial sutures, placed in the intervals between the deep ones. In the three other cases only straps of adhesive plaster were needed to make the coaptation accurate; and union by first intention resulted in all five cases.

I have so far employed this operation only in cases in which an operation was necessitated by strangulation; but it may be capable of a wider application. I would not advise any operation where there is little danger of strangulation; but, if a hernia has been strangulated and successfully reduced, and is liable to strangulation at any time, I would not hesitate to operate; or, if a patient should insist upon an operation, after he had been informed of *all the dangers*, I would proceed to operate, and would expect a favorable result, with our present knowledge of antiseptic measures.

ANEURISM OF THE AORTA SIMULATING CARDIAC VALVULAR DISEASE.

BY GEORGE DOCK, M. D.,

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Aneurism in the beginning of the aorta, although rare, presents as a rule such a peculiar train of symptoms, that the narration even of isolated cases is not without value. In the present case, a slight variation from the usual site affected has given rise to a group of symptoms closely resembling those of a much more common class of diseases. While engaged with a ward class one day, I was so attracted by the appearance of a man just admitted as to make him the subject of immediate study before the class. The patient supported himself in an arm-chair; his countenance and attitude expressed intense drowsiness and exhaustion. His skin was cyanotic, the cervical veins dilated and pulsating, and his respirations frequent and shallow. His hands and face were puffy, and unbuttoned shoes revealed the thick ankles. The whole appearance, in short, indicated advanced cardiac insufficiency. The history then obtained was as follows:

M. N., 45 years old, barkeeper, born in

France. There is no history or evidence of syphilitic infection. He denies alcoholic excesses. The patient gives a history of unimpaired health up to four months before admission, when he began to cough, to feel short of breath, and to lose in weight. Soon after, his ankles began to swell. He was treated for phthisis, but later his physician told him his heart was affected, and prescribed digitalis. Growing worse in every way he came to St. Mary's Infirmary in Galveston.

The patient is of medium size, heavily built, and moderately emaciated. The skin is flabby, cyanotic, and slightly icteric, as are also the visible mucous membranes. Extreme anasarca exists, less marked in upper limbs and head. The thorax is well formed. The apex beat of the heart in sixth intercostal space in nipple line is exaggerated. There is a visible thrill all over the cardiac area, which is limited entirely to the diastole. The cardiac dulness begins above the fourth rib; extends to right edge of sternum and to nipple line. On auscultation a double murmur is heard. The first, synchronous with the apex beat, is loud, harsh, and rasping. It is heard equally well over apex, base, and aortic cartilage, and is also audible in the axilla and in the back. It is apparently the same murmur heard in the places named. Following this immediately, is another murmur, blowing, long and moderately loud, best heard above apex, but audible all over the heart area. It is synchronous with the thrill. The second sound at the aortic cartilage is present, though masked by the murmur. The pulmonary second sound is not markedly accentuated. The systolic murmur can be heard in the neck, though faintly. The radial pulse is 105, and quick, but of good tension. On the right side the pulmonary resonance ends in dulness in the fourth interspace in the nipple line, movable according to position; on the left in the seventh intercostal space in the axilla. Respiration shallow, accompanied by numerous loose râles, especially on the right side. The liver dulness extends two inches beyond the costal margin. The abdomen is somewhat distended, but no fluid can be detected in it. The tongue is flabby and thinly coated; there is loss of appetite, constipation, and a dull frontal headache; also scanty expectoration of frothy mucus. For several days shortness of breath has been so severe that patient could not lie down. The urine is scanty, and high-colored, specific gravity 1.030, and contains a small amount of albumin, no casts.

The result of this examination was not as satisfactory as I had expected. Though the suspicion of valvular disease seemed confirmed, the physical characteristics differed from usual in some particulars. The frequency of the heart beat made it difficult to time the murmurs and thrill, though they seemed to be as given above. The pulse seemed unusually strong, considering the evidences of insufficiency, but its character was attributed to digitalis. The suspicion of aortic disease was abandoned, and notwithstanding certain misgivings, the case was demonstrated repeatedly as one of double mitral disease, and was seen casually by various physicians without leading to any important change of opinion. Digitalis was pressed at first with great benefit. The œdema and cyanosis lessened, the dyspnœa was so slight that the patient could sleep lying down. The thrill became less marked; the murmurs continuing as before. Very soon, however, the drug seemed to have lost its effect. The dyspnœa again became so severe that aspiration was resorted to, and about a pint of sero-sanguinolent fluid removed from the right pleural cavity. This was of but little benefit, and, with increasing weakness of the circulation, death ensued. At the autopsy an unexpected condition was found. The autopsy notes bearing on the symptoms are as follows:

" . . . The right pleural cavity contains about twenty ounces of bloody serum and flakes of fibrin. The right lung is compressed, the lower and middle lobes collapsed, and non-crepitant. Their pleura is covered with a thin fibrinous coat; the tissue tough and bloodless at the periphery, but the area around the root infiltrated with blood. In the left pleural cavity there was a small amount of bloody serum, the lung slightly compressed, but crepitant throughout and œdematous. The bronchial mucous membrane is injected and covered with frothy mucus. The pericardium is adherent to the pleura on the left side, and closely adherent to the heart. The heart enlarged and both ventricles dilated. The left ventricle measures 12 cm. in length, its wall 18 mm. at 1 cm. below the ring. The aortic valves are slightly thickened but not retracted; aside from this the valves and endocardium are normal. The muscle shows no gross lesion. All the cavities contain mixed clots. The opened aorta measures 8 cm. at the insertions of the valves. The sinuses are not dilated. Beginning just above the valves is a diffuse dilatation, extending around two-thirds of the circumference of the aorta with the convexity of the vessel as its middle. It is from two to four centimeters wide and bounded above by a thick band which gives the aorta a constricted appearance, though the lumen is not diminished. The surface of the aorta in this part is covered with atheromatous scars and calcareous plates and shows the orifices of two saccular aneurisms. The first is just above the sinus of the right aortic cusp. Its shape and size are such that it fits the thumb for a distance of two centimeters. It projects to the right of the pulmonary artery, touching the upper part of the right ventricle. It is empty, and its walls are smooth and thin. The second is further to the left, in the concavity of the aorta, just above the common insertion of the posterior and left leaflets of the aortic valve and the left coronary artery. Its orifice measures four by three cm.; the lateral edges are sharp and rigid, the upper border is formed by part of the firm band mentioned above. In the widest part the sac measures six cm.; its depth is five cm. Its wrinkled walls are covered by a thin, white, fibrinous layer, and are marked by a longitudinal ridge in the posterior part, corresponding to the auricular septum. The relations of this aneurism were studied by filling it loosely with wool, opening the auricles and examining the several cavities. On the right side it encroaches on the auricle and the superior vena cava, so that the capacity of the auricle is lessened about one-third and the lumen of the vein reduced to a narrow slit. On the left, the anterior wall of the auricle is bulged back, forming a rounded prominence directly over the mitral valve and causing an actual obstruction. The branches of the pulmonary veins from the lower and middle lobes of the right lung cross over the tumor and are almost occluded by the displacement so caused." . . . The other organs, especially liver and kidneys, showed the changes common to obstructive disease in the heart. The kidneys in addition showed beginning arterial sclerosis.

The lesions found explain the clinical phenomena so clearly that comment is hardly necessary. In an incomplete search of the literature of aneurisms in the beginning of the aorta I have not been able to find reference to one in the concavity. Their usual seat is in the interior wall, or still more rarely above the posterior leaflet, with symptoms of obstruction of the pulmonary artery or superior vena cava. The difference of half an inch to the left is enough to produce the mitral symptoms and the obstruction to the pulmonary circulation, and indirectly the systemic symptoms. The larger aneurism was so placed as to allow considerable expansion without rupture into a neighboring cavity or vessel, for notwithstanding its size, the walls are strong. Although the absolute rarity of such a lesion may bring the conclusion that it is of little practical value, yet it conveys an important lesson in the value of minute examination even when the condition seems plain, and furnishes a remarkably good example of the simulation of disease.

THE ANATOMICAL RELATIONS OF LESIONS OF THE HEART AND THE KIDNEYS IN BRIGHT'S DISEASE.[1]

FROM THE STUDY OF THREE HUNDRED AUTOPSIES.

BY HENRY F. FORMAD, B. M., M. D.,

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In the present paper I give an account of my studies from three hundred autopsy records of Bright's disease.

I will limit myself chiefly to the consideration of hypertrophy and fatty metamorphosis of the heart as occurring in this disease. There are a number of other points of interest that may be gleaned from these records, but upon which I will not dwell now beyond stating general results. Some of the points gained from the analysis of my tables give results which are at variance with those obtained from the collective studies of cases of Bright's disease made by some authorities. The reason for this may be looked for, however, in the classification of the material, the direction of study, or the purpose for which any given class of cases had been collected, or sometimes selected. My studies are purely morphological, being made at the autopsy table and in the laboratory upon consecutive cases of Bright's disease as they occurred during a given space of time. They are unbiased; not being a clinician, I have no theories or hypotheses to follow out, and refrain from making any suggestions regarding the mechanism of the production of cardiac and renal changes, and for the present I will not go into the details of the etiological relations of these affections.

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[1] Read before the Association of American Physicians, 1889.

Of the three hundred autopsies upon cases of typical Bright's disease, one hundred and fifty were studied by myself *post-mortem*, and most of these also microscopically; in fact, the specimens from every case where the naked-eye appearance was not conclusive, were thus examined. The source of these one hundred and fifty autopsies is from the coroner's material of the city of Philadelphia, through the courtesy of Coroner S. H. Ashbridge, for whom, in conjunction with Dr. R. R. Stewart, I conduct all the autopsies of cases of sudden deaths or those unattended by physicians. Another source is furnished by private autopsies, which I frequently make at the request of physicians. All these cases occurred in a total of eleven hundred and seventy-two consecutive autopsies of adults, and were executed between September 1, 1888, and September 1, 1889. It will be seen from the tabulated results given below, that in general these cases are not unlike the hospital cases, which are not included in this series.

The other one hundred and fifty autopsies were taken from the *post-mortem* records of the Philadelphia Hospital (the large almshouse hospital of this city). I abstracted them with the aid of my assistant in this work, J. F. Spelman. They were all made on subjects of typical Bright's disease, mostly diagnosticated as such or studied during life, being selected from a total of thirteen hundred autopsies from the hospital records stated, covering a period of five years. Many of them had been executed under my supervision and that of Dr. E. O. Shakespeare, while in the rest the cases were clinically studied and the autopsies executed by the members of the hospital staff, which included Drs. Tyson, Bruen, Osler, Musser, Wilson, Henry, Curtin, and Walker. These hospital records, although not sufficiently detailed regarding the weight of the heart and kidneys, are accurate, and will serve our purpose.

Each series of cases is separate and distinct, no cases being duplicated; and each case is recorded separately and in detail in the second part of this paper.

In the preparation or collection of these records, Bright's disease was taken as the starting-point or basis. All cases of kidney affection other than Bright's disease, or those in which the disease did not present itself as fully established at the autopsy, and a few ill-recorded cases, were excluded. In the hospital and private cases the clinical diagnosis was paid attention to: an advantage which was not enjoyed in the coroner's cases; yet, even in the latter, sometimes the most truthful of histories were obtained under oath upon the witness stand, especially regarding habits of the deceased.

In the series of my own autopsies, which were made with the special purpose of presenting the results in these studies, the weights of the heart and of the kidney were taken carefully in nearly every instance, as stated in the records; likewise the condition of the *body* was noted, while its weight was approximately estimated. I believe this was in most cases an almost true estimate, being correct within the limits of a few pounds. Naturally the ability to do this requires practice.

The estimation of the weight of the body is all important as regards the question of the normal size of either heart or kidneys; because, while a heart weighing twelve ounces may be called hypertrophied in an individual of one hundred and twenty pounds bodily weight, it may be considered of normal weight in an individual weighing two hundred pounds. My figures of the approximate weight of the body are satisfactory for this purpose, because a mistake within a few pounds (of bodily weight) could be no definite mathematical factor; moreover, there are other more serious obstacles to the precision in calculating proportions, such as the condition of nutrition of the body and the contents of the alimentary canal.

In statistics relating to the weight of the heart found in the literature of Bright's disease these points, these facts—the importance of which is readily seen—have not been taken into consideration by any one, as far as I know. The same is true of the relation of the weight of the kidneys to the bodily weight in Bright's disease.

From the given weight of an organ a satisfactory estimate of its size can be made. I found the weight of organs to be a much safer criterion and more satisfactory than measurements, the latter being made by the different observers according to various scales, methods, and ideas, which are often quite unintelligible and useless. The heart muscle especially varies in thickness according to the degree of contraction, the quantity of clotted blood, and the time which has elapsed since death. The plain statement of an experienced observer as to the condition of the cavities, the walls, and the approximate weight of the heart is more valuable than all the measurements that an inexperienced and over-zealous one will present with his figures.

From the present considerations I exclude amyloid disease of the kidney; in which there is a marked and nearly constant apparent absence of hypertrophy of the heart, although this belongs to the picture of Bright's disease. This is true as far as the small size or weight of the heart is concerned at time of death; but if it be considered that we usually meet with amyloid disease in scrofulous subjects, who invariably have congenitally small hearts, the conclusion that hypertrophy of the heart is rare in this affection will be found to be an error.

The small heart of the scrofulous is subject to hypertrophy as well as the heart of the normal individual; but when the former hypertrophies to double its original size, it may not appear any larger in volume than the latter, and when, in reality, enormously hypertrophied it may barely reach the size of what we ordinarily would call a slight hypertrophy. I made some studies upon the weight of the organs, in relation to the size of the body, in the scrofulous, according to the methods of Beneke and Thoma for establishing such weights, and paid especial attention to hypertrophy in amyloid disease. I shall present these observations on another occasion.

Cases of congenitally small kidneys and of senile atrophy were carefully excluded in Series A, these autopsies having all been executed or the organs personally studied by myself. I also excluded from the present records cyanotic induration of the kidneys, which, as is well known, is usually the consequence of cardiac disease, especially valvular. I may state here that my researches have fully convinced me that cyanotic induration of the kidney never terminates in Bright's disease, which is quite contrary to the opinion of some observers. I have reference to the long-standing passive hyperemia of the kidneys which results in cyanotic induration of these organs, with enlargement often to double their normal size, the kidneys being hard and firm and bluish-red in color.

The alcoholic cyanosis of the kidney, another affection analogous morphologically to the last named, but different only in the shape of the organs (the "pig-backed" kidney, which I first described and demonstrated before this Association, as reported in Vol. I of its *Transactions*), I also excluded. Alcoholic cyanosis is often associated with cardiac hypertrophy, but rarely with valvular disease. It is this affection which is often mistaken on the *post-mortem* table for, and recorded as acute Bright's disease. I doubt not that this lesion (the alcoholic kidney) represents the inflammatory form of Bright's disease of Grainger Stewart, which he records as being without albuminuria, without dropsy, and with large fatty livers, and which has crept now and then into the records of various observers, old and recent, as cases of acute Bright's disease. I also believe some of the subdivisions of the "pluralists" on Bright's disease, such as the "chronic hemorrhagic nephritis without dropsy of Weigert," to be identical with my alcholic cyanosis.

The late stage of the alcoholic cyanosis (the œdematous form), as met with upon the *post-mortem* table, in chronic drunkards who had been deprived for some time of alcoholic beverages, resembling much the large white kidney macroscopically, is another source of error. This lesion I have seldom seen to give rise to left-sided hypertrophy, though general hypertrophy is common.[1] Amyloid kidney also closely resembles and is often mistaken for the large white and the fatty and contracted kidney.

Such mistakes and the omission (to be referred to later) of some authors to separate the fatty and secondarily contracted kidney from the primarily contracted or granular kidney, cripple the statistics on the subject of hypertrophy of the heart quite decidedly.

In recording my cases I have adopted the rather crude and old-fashioned nomenclature for the various forms of Bright's disease, but one which I am sure will be readily comprehended; whereas did I use the proper technical terms, misunderstanding on the part of the reader as to exact form of Bright's disease meant, would be sometimes liable to occur.[1]

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[1] It is remarkable how infrequent Bright's disease is in drunkards. I found that inflammatory kidney lesions generally occurred more frequently in the temperate than in the intemperate. Is it the constant excess of venous blood in alcoholic cyanosis of the kidneys that makes inflammatory changes less frequent, as it does in the right chambers of the heart?

The classification adopted is as follows:

I. Acute parenchymatous nephritis (*Syn.:* catarrhal, tubular, desquamative, croupous, scarlatinal, febrile or glomerulo-nephritis, acute degeneration of the kidney, acute exudative nephritis, acute diffuse nephritis) I will term *acute Bright's disease.*

II. The early stage of the chronic parenchymatous nephritis (*Syn.:* same as above, qualified by "chronic") I will invariably refer to by the term, *large white kidney*, which well indicates the stage of the disease.

III. The late, or contracting stage of chronic parenchymatous nephritis (*Syn.:* diffuse nephritis, secondarily contracted kidney, obstructive nephritis, fatty kidney, chronic diffuse nephritis with exudation) I will designate by the term, *fatty and contracted kidney.*

IV. Chronic interstitial nephritis or primary contracted kidney (*Syn.:* granular, cirrhotic, or gouty kidney, renal cirrhosis, atrophic lithemic or toxemic nephritis, chronic diffuse nephritis without exudation, etc.) I will speak of as *red granular kidney;* which is an old and comprehensive name for this affection.

Among the most serious sins of nomenclature we find that the term diffuse nephritis is indifferently applied to both the fatty and contracted and the red granular kidney. The reasons for a separation of these two affections as distinct forms of Bright's disease are quite obvious; and I put myself strongly on the side of those who make it, viz., the dualists.[2]

For diagnostic purposes and for prognosis it is also quite essential that the *fatty or secondarily contracted kidney* should be differentiated from the *red granulur or primarily contracted kidney.* Clinically it is, I believe, well established, that in the former the onset of the disease may nearly always be traced to acute nephritis, or at least to the large white kidney; that it is liable to occur at all ages; that transitions from scarlatinal nephritis in the young are traced to the large white kidney of the adult, and to the fatty and contracted kidney of late life, while rarely to the very old; that dropsy is very common in the earlier stages; that polyuria is more rare, and albumin is seldom missed; in fact, the duration of the disease is very uncertain, a fatal termination being liable to occur at any time.

On the other hand, in the *red granular kidney*, which is common in gouty and rheumatic individuals, and is so often traced to disease of the genito-urinary tract, the initial stage is unknown, there being nothing to show that an acute inflammation of the kidney ever existed. It rarely occurs in the young,[1] being almost peculiar to middle or old age; it may be of lifelong duration; dropsy and presence of albumin are rare, and polyuria is prominent.

Polyuria in the fatty and contracted kidney, if it occurs at all, is late; the urine may be rich in albumin; whereas, in the ever-present copious flow in the red granular form, little or no albumin is present, as is well known. This I believe to be an important diagnostic point.

In my laboratory classes the urine examined is often from well-known clinical cases, and in many instances have I traced the albuminous (fatty and contracted kidney) and non-albuminous polyuria (red granular kidney) to the *post-mortem* table.

I may be permitted to introduce the following table relating to the more important anatomical and microscopical differences between the two affections referred to, because their separation is to a certain extent a point of issue in hypertrophy of the heart, and

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[1] I am not considering here the histology of Bright's disease, hence it is unnecessary to review the anatomical and histological features of the various forms of this affection; but a statement of the array of synonyms may prevent misunderstanding.

[2] It is interesting to observe that Bright, Grainger Stewart, Dickinson, Johnson, and the English school are strictly "dualists," being reinforced by the great original German workers, Virchow, Traube, Senator, and Bartels; by Charcot and Cornil in France; and, in this country, perhaps most strongly by Tyson. The French are mostly "unicists" (*i. e.*, advocates of the eventual transition of the three parenchymatous forms of nephritis into the red granular kidney), in accordance with the views of such prominent Germans as Frerichs, Rosenstein, Cohnheim, and Bamberger, and, it appears, also with the views of some of the New York authorities on the subject. Of late years "pluralists" have arisen, chiefly among the Germans, including Wagner, Weigert, and even Senator, who are inclined to ascribe every form of Bright's disease to different and independent morbid processes and causes, and who place several complications of the morbus Brightii in the field as independent subdivisions of the disease.

[1] Eight cases in persons under 30 years of age will be found in my record. Histories of syphilis, malaria, and anemia in these cases.

ANALYSIS OF 300 CASES OF BRIGHT'S DISEASE (EXCLUSIVE OF AMYLOID DISEASE).

Results of Personal Observations from Coroner's and Private Autopsies. Series A.

Results of the Analysis of the Autopsy Records of the Philadelphia Hospital. Series B.

	Parenchymatous Nephritis.								Interstitial Nephritis.		Total.		Parenchymatous Nephritis.								Interstitial Nephritis.		Total.		Grand Total.	
	Acute Bright's.		Large white.		Fatty and contracted.		Total.		Red granular.				Acute Bright's.		Large white.		Fatty and contracted.		Total of parenchymatous.		Red granular.				12 per cent. of all deaths.	
Number of cases of each form	10		44		46		100		50		150		5		35		35		75		75		150		300	
Average age at time of death	26 years		34 years		45 years				52 years.				31 years		39 years		46 years				59 years					
	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.	No.	pr. ct.
Cause of death, uremia	0		13	30	19	41	32	32	15	30	47	31	0		9	26	11	31	20	27	30	40	50	33	97	32
œdema of lungs	0		9	20.5	5	11	14	14	13	26	27	18	2	40	5	14	4	11	11	15	7	9	18	12	45	15
cerebral apoplexy	0		0		6	13	6	6	8	16	14	9	0		0		1	3	1	1.5	5	7	6	4	20	6.5
pneumonia	1	10	5	11.5	2	4	8	8	1	2	9	6	2	40	2	6	3	9	7	9	6	8	13	9	22	7.5
pericarditis	0		8	18	8	15	16	16	12	24	28	18.5	0		1	3	2	6	3	4	4	5	7	4.5	35	11.5
hydropericardium	0		5	11.5	3	7	8	8	1	2	9	6	0		3	9	2	6	5	7	0		5	3	14	4.5
heart failure	0		3	7	3	7	6	6	2	4	8	5	0		2	6	5	14	7	9	4	5	11	7	19	6
sudden	0		2	4	3	7	5	5	8	16	13	9	0		2	6	2	6	4	5	5	7	9	6	22	7.5
Body emaciated	0		3	7	19	41	22	22	30	60	52	35	0		3	9	9	26	12	16	14	19	26	17	78	26
Dropsy, present	10	100	35	80	30	65	75	75	13	26	88	59	5	100	19	54	13	37	37	49.5	22	29	59	39.5	147	49
absent or not stated	0		9	20.5	16	35	25	25	37	74	62	41	0		16	46	22	63	38	51	53	71	91	61	153	51
Renal cysts, present	0		11	25	20	44	31	31	20	40	51	34	0		4	11	10	29	14	19	25	33	39	26	90	30
absent	10	100	33	75	26	56	69	69	30	60	99	66	5	100	31	89	25	71	61	81	50	67	111	74	210	70
Hypertrophy of heart, left ventricle	0		12	27.5	20	44	32	32	33	66	100	67	1	20	4	11	9	26	14	19	23	31	87	58	187	62
general	1	10	14	32	7	15	22	22	13	26			0		15	43	13	37	28	37	22	29				
very slight or absent	9	90	18	41	19	41	46	46	4	8	50	33	4	80	16	46	13	37	33	44	30	40	63	42	113	38
Hypertrophy with valvular disease, left ventricle	0		3	7	3	7	6	6	14	28	42	28	0		12	34	11	31	23	31	29	39	52	35	94	31.5
general	0		7	16	5	11	12	12	10	20																
Hypertrophy without valvular disease, left ventricle	0		8	18	20	44	28	28	15	30	57	38	1	20	9	26	9	26	19	25	17	23	36	24	93	31
general	1	10	9	20.5	2	4	12	12	2	4																
Valvular disease without hypertrophy	4	40	4	9	4	8	12	12	4	8	16	11	1	20	3	9	3	9	7	9	12	16	19	13	35	11.5
Heart normal	5	50	14	32	12	26	31	31	3	6	34	23	3	60	11	31	12	34	26	35	17	23	43	29	77	26
Arterial changes, present	0		12	27.5	29	63	41	41	45	90	86	57	1	20	9	26	13	37	23	31	48	64	71	47	157	52
absent	10	100	32	73	17	36	59	59	5	10	64	43	4	80	26	7	22	63	52	69	27	36	79	53	143	48
Renal arteries involved	0		3	7	4	8	7	7	41	82	48	32	. . .		. . .		. . .		. . .		. . .		. . .		. . .	
Dilatation of heart, present	0		14	32	26	56	40	40	34	68	74	49	1	20	9	26	14	40	24	32	27	36	51	34	125	41.5
absent, or very slight	10	100	30	68	20	44	60	60	16	32	76	50	4	80	26	7	21	60	51	68	48	64	99	66	175	58
Fatty metamorphosis heart muscle, present	0		8	18	15	33	23	23	25	50	48	32	1	20	5	14	8	23	14	19	17	23	31	20.5	79	26
absent, or not stated	10	100	36	82	31	67	77	77	25	50	102	68	4	80	30	86	27	77	61	81	58	77	119	79	221	73.5
The same without hypertrophy	0		2	4.5	9	20	11	11	5	10	16	11	1	20	2	6	3	9	6	8	14	19	20	13	36	12

fatty metamorphosis of the cardiac muscle.[1]

Difference between Fatty and Contracted and Red Granular Kidney:

Contraction of kidney secondary.	Contraction of kidney primary.
Size seldom below normal.	Size below normal, often reduced to one-half, or even one-fourth.
Capsule adherent only in places, seldom thickened. Surface lobulated, often smooth. Color pale, mottled or yellow.	Capsule adherent, thickened. Surface granular, rough. Color red or grayish-red.
Cysts usually large, and seldom numerous. Pelvis rarely dilated.	Cysts usually small-sized and numerous. Pelvis often dilated.
Arterial changes rare, or not pronounced.	Arterial changes (endarteritis, or periarteritis) almost invariably present.
Cortex often normal in size; atrophy very late.	Cortex always much atrophied.
Renal epithelium much swollen, desquamating freely, often in a state of fatty degeneration, but cells always visible Compound granule cells present.	Renal epithelium never desquamating, though it may undergo fatty degeneration (necrosis), and become diminished in size and partly lost.
Tube casts epithelial, dark granular, and containing compound granule cells, and later fat globules.	Tube casts hyaline, pale granular, and waxy, but never containing epithelial cells, or any other.

Analysis of the Cases.

The three hundred autopsies from which I draw my conclusions (two series: A. coroner's and private cases, B. hospital cases) are, as stated, recorded in detail in the second part of this paper, which will be published in the volume of Transactions of this Association. I think it well to record them there, as future studies of the same by any one may reveal points of interest at present unconsidered. Each case has a reference either to my note-book, to the autopsy records of the Philadelphia Hospital, or to those of the Coroner, so that, should additional information be desired, it may be gained therefrom.

The large general table given below contains a summary of all the cases referred to in this paper, and gives the duration of life, the cause of death, the condition of the body, dropsy, cystic change of the kidney, and the prominent cardiac complications, such as hypertrophy, valvular disease, fatty metamorphosis, and dilatation of the heart, as well as the arterial changes in each form of Bright's disease, stating the number of cases. The figures expressing the percentage, side by side with the number of cases, facilitate comparison with other statistics.

Beside this I have compiled several special tables which give interesting data relating to hypertrophy of the heart under varying conditions, fatty metamorphosis of the cardiac walls, valvular disease and pericarditis, and the weight of the heart and kidneys in each of these affections.

I also present tables relating to age and sex, and further some interesting figures concerning the weight of the heart in relation to the weight of the body, and finally some data relating to the distribution of Bright's disease during the various periods of life.

References will be found in the records to arterial changes, and a summary of the various complications or concurrent affections of Bright's disease.

CONCLUSIONS.

From the above general table the following conclusions may be drawn:

HYPERTROPHY OF THE HEART.[1]

Hypertrophy of the heart in Bright's disease generally, occurred in all the cases tabulated in 62 per cent., of which 34 per cent. were left-sided and 28 per cent. were general hypertrophy. Hypertrophy was absent in only 38 per cent. of all cases.

[TO BE CONCLUDED.]

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[1] If the classification and the definition of Bright's disease in its various forms were undisputed and a uniform nomenclature adhered to by all, then there would be no discrepancy in statistical results such as is seen in the literature of the subject. I would earnestly urge the adoption of a uniform nomenclature for the various forms of Bright's disease, and the abolition of some of the synonyms. Some of the latter are misleading, and I have met with instances where pathologists and clinical teachers would designate one and the same form of Bright's disease by entirely different names (without thinking that they were identical) and also, under a certain given name, affections entirely different from one another. Others delight in suggesting and using new names for the various forms, without giving synonyms when writing on the subject, and leaving the reader to conjecture from the description which form of the affection they really mean.

[1] To secure the figures regarding cardiac hypertrophy, each of the two series of cases is first considered separately, viz., by adding the total number of cases of parenchymatous and interstitial nephritis together and dividing by 150; the two results then being added and divided by two. For instance: General cardiac hypertrophy, *Coroner's and private cases:* In parenchymatous forms of nephritis, 22 cases; in interstitial nephritis, 13 cases; a total of 35 cases, which equals 23 per cent. *Hospital cases:* Parenchymatous forms of nephritis, 28 cases; interstitial nephritis, 22 cases; a total of 50 cases, which equals 33 per cent. By adding the two results (23 per cent. and 33 per cent.), and again dividing by two, 28 per cent. is obtained, which equals the percentage of general hypertrophy in the *total of cases.*

CREMATION.

WHAT IS THOUGHT OF IT BY PHYSICIANS.

Interviews with Physicians by a Representative of the Medical and Surgical Reporter.

First Series.

Dr. Wm. Hunt, on being visited, said that personally he has not much sentiment in regard to the disposal of the body after death, and had no choice between becoming an articulated skeleton, or being burned or buried. If anything, the former, as a condition of usefulness, would be most pleasant to him. Hygienically speaking, Dr. Hunt is of the firm opinion that cremation is the only right and proper method for the disposal of the dead. Of this he thinks there can be no doubt. The popular prejudice against cremation, he says, is most absurd. Whether the body is buried or burned, it is cremation all the same; the only difference being that in the one method the combustion is very slow, and in the other very rapid. Ultimately the body becomes dust, and it is merely a question of, perhaps, twenty odd years, or a few brief hours. Regarding the cremation of his family, he would be apt to follow their requests as to the disposal of their bodies, but would not for a moment hesitate to cremate them should they desire it. Dr. Hunt does not believe in graveyards, in visiting and mourning over the graves of our dead, or in covering them with flowers. He prefers to think of the dead as they have been when alive, and not associate their memory with the horror of death. He most heartily advocates the introduction of cremation into this country.

Dr. Wm. Goodell is of the opinion that cremation should be obligatory and in the hands of the State authorities, and not in charge of speculators. He thinks it is the only right and lawful way to dispose of the dead. Dr. Goodell favors cremation for three principal reasons: the first being hygienic, the second sanitary, and the third æsthetic. It is his sincere wish that his body shall be cremated—to insure it against any possibility of desecration, if for no other reason. In these days, when towns and cities are growing so rapidly, who knows but what our remains may be dug up, in a few years hence, to make room for some church or other building. He would like to make provision for the incineration of his own remains. Dr. Goodell firmly believes that the ground is polluted by bodies buried in it, and to him the question of cremation is of vital importance. It should be in the hands of the State, under the direction of the Boards of Health, and it should be vigorously enforced. The main objection raised to cremation, viz., that it would render impossible the tracing of any poisons, is of but slight weight in contrast to the great hygienic value of the method.

Dr. Robert P. Harris said he would rather be buried than cremated and thought he would also like his relatives to be interred in the old-fashioned way. There is still plenty of room for burial near cities, and he did not think it would cause much crowding. Regarding the value of cremation, he had never given it any thought, and would not like to give an opinion, other than that he considers it an unnecessary precaution.

Dr. George Strawbridge said that, from a sanitary point of view, there is no question as to the superiority of cremation over burials. Of this, he claimed, there can be no doubt. It is unquestionably the only fit and hygienic method for the disposal of the dead. Sentimentally speaking, he confessed that he does not altogether favor the method. He had seen one crematory and was not pleasantly impressed with it. He did not like the idea of being baked in an oven, and it would be painful for him to think of this being done to the body of any of his family. On the other hand it is hard, also, to bury a loved one in the ground. The question viewed in this light is merely one of æsthetic taste. Dr. Strawbridge does not think that cremation will ever become popular in this country; the German element favors it, but not the American. He thinks that burials, if properly conducted, might be made to comply entirely with all principles of hygiene, but at present these laws are continually violated. Burials in damp or wet ground are certainly dangerous, and he understands that water is said to be often seen in the bottom of the open graves in a Roman Catholic cemetery of this city, which is situated on very low ground, and that the coffins are sometimes lowered into an inch or so of water.

Dr. W. S. W. Ruschenberger most heartily favors cremation, from both a hygienic and sentimental point of view. Regarding the disposition of his own remains he is most philosophic, and, if the preference were given him, would prefer being sent, as an unknown body, to some school of medicine, there to be dissected. He claims that the remains of our families are of no possible use to us, and their keeping or preservation can do us no possible good. We cannot re-sole them like an old shoe. However, these bodies might, very possibly, do great harm. Cremation is the only means of obviating this possible, and even probable, evil. Dr. Ruschenberger then related the story of a sea-faring friend who had desired him to choose a burial place for him. The Doctor asked if he had any choice; to which his friend replied, "Not so long as it is on a hillside, for I have a dreadful fear of having my body waterlogged."

Dr. Charles Hermon Thomas favors cremation in a mild degree, both from a hygienic and sentimental point of view. Dr. Thomas said it was rather obnoxious to him to contemplate the fact that with their Schuylkill water Philadelphians are imbibing a vast amount of filtrations from their deceased friends in Laurel Hill; although, on the whole, it seems to agree with them fairly well. The cremations of Dr. Gross and others had impressed him most favorably. Personally he would as soon be cremated as otherwise, and would feel the same way regarding his family. It would be hard to thrust a loved one, although dead, into a glowing furnace; but it would be equally hard, if not harder, to lay that body in the cold, damp ground. Dr. Thomas does not think the ill effects of inhumation very serious; still serious results are possible and cremation would do away with these. While he would never start a crusade for cremation, he must say that he approves of it. Still, the *pros* for cremation are not sufficient to warrant its being made obligatory or a State matter; neither are the objections to burial sufficient to warrant its universal introduction.

Dr. Henry Hartshorne was seen at his Germantown residence and was found to be very favorably impressed with cremation. He heartily favors the entire destruction of the dead body. Its preservation, such as embalming or mummifying, is most distasteful to him. For it to be speedily reduced to its natural elements is pleasant and proper, both æsthetically and sentimentally. Our present methods of disposing the dead are far from what they should be. The open grave, the lowering of the casket, the weeping relatives, the rattle of the earth upon the coffin, are all most revolting. If incineration does away with the painful and unnecessary adjuncts of death it is sentimentally as well as hygienically far superior to inhumation.

Dr. T. H. Andrews said that, although when Demonstrator of Anatomy at the Jefferson Medical College he both advocated and practiced the cremation of the remains of all anatomical specimens, and had utilized the ashes in various ways, still, personally speaking, his sentiments are averse to cremation. To him it appeared akin to annihilation. After the body of a friend has been laid in the earth, there still seems something left with us; but if the body is burned, all seems lost. To him the cremation of the body of Dr. S. D. Gross was most painful; it is horrible to think that within four-and-twenty hours after the death of the great surgeon there was nothing left of him but a handful of ashes. Dr. Andrews never wants to be cremated, neither would he ever allow any of his family to be incinerated. He does not think the practice will ever become popular in this country.

Dr. Andrews then introduced our representative to

Dr. G. Milton Bradfield, who, after recovering from the misapprehension that the representative of the Reporter was the agent of a crematory, expounded the opinion that as long as the Latin races predominate in this country, cremation will will never be universal; but that when the Saxon element supervenes, the introduction will only be a matter of time.

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PERISCOPE.

Poisoning by Illuminating Gas.

In an article in the *Cincinnati Lancet-Clinic*, Dec. 7, 1889, Dr. J. C. Crossland, of Zanesville, Ohio, says it is the consensus of opinion among chemists and experimenters that carbon monoxide and the hydrocarbons are the poisonous constituents in illuminating gas. Analyses show that water gas contains from three to four times more of these factors than coal gas, and is therefore more dangerous. Our knowledge of the action of these poisons on the economy is incomplete. We know that carbon monoxide breaks up the oxyhemoglobin of the blood, forming with the hemoglobin a stable union, thereby deoxidizing the blood. Some authorities claim that the effects of illuminating gas on the system are not due alone to the deoxidation of the blood, but that it has a narcotic action on the central nervous system.

He then describes a case under his care. The patient was a strong young woman who stopped at a hotel. She was assigned a room and immediately retired. At 5 A. M., the clerk went to her room to call her. On approaching her room he found the hall full of the odor of gas. On forcing the door the woman was found nearly dead, and the gas turned on.

Attempts at resuscitation were made by Drs. Draper and Brush, with stimulants, pure air, and the Faradic current; but little was accomplished until Dr. Crossland was called and administered hypodermic injections of a ten per cent. solution nitroglycerine. Fifteen minims of the nitroglycerine solution were injected into the epigastrium. The good effects of this on the heart action were perceived in about five minutes, though it soon became evident that several hours would elapse before the system could throw off the poison sufficiently for the patient to regain consciousness.

The treatment by hypodermic injections, chiefly of nitroglycerine, was continued at intervals varying from thirty minutes to two hours, according to the indications, and was supplemented with the use of the Faradic current.

Antiseptic Properties of Corrosive Sublimate in Minimal Quantities.

The powerful antiseptic properties of corrosive sublimate have only recently been fully appreciated, and experience has shown that equally positive results are obtainable with attenuated solutions as with dangerously strong ones.

Dr. François Scalji has recently been experimenting with very weak solutions of the sublimate and has found that when used at a temperature of 115° to 125° F., solutions of a strength of 1:10,000, 1:20,000, and even 1:50,000, and 1:100,000, are capable of exerting germicidal actions equal to those of solutions of 1:1000 or 1:5000 at a lower temperature.

Dr. Scalji's experiments, which are reported in the *Bulletin Médicale* October 2, 1889, were, briefly stated, as follows: First, he filled ten test tubes with fresh, normal urine. The first two of these were not treated; to the second pair a small quantity of a 1:1000 sublimate solution was added; to the third pair of tubes a similar quantity of a 1:5000 solution; to the fourth pair a 1:10,000, and to the last two, the same quantity of a 1:20,000 solution. Then one tube of each pair was kept at a temperature of from 59° to 77° F., and the others at a temperature from 115° to 125° F.

It was found that the two tubes to which no sublimate had been added soon began to undergo fermentation. The second pair, treated with the 1:1000 solution, remained completely sterile. With the third and fourth pair similar results were obtained. Finally, the last two tubes were examined, and it was found that in the tube kept at a normal temperature fermentation had been retarded for a few days, whilst the tube kept at a temperature of 115° to 125° remained sterile after the lapse of a month. The experiment was frequently repeated and always yielded the same results.

Similar experiments were then made with meat juice and milk, and the results were identical with those obtained with urine.

Finally, the bacillus of erysipelas on cultures of gelatine and blood serum were treated with weak solutions of sublimate, and it was observed that if the cultures were kept at a temperature of 150° or 125° sterilization was permanent and complete even when solutions of 1:50,000 or 1:100,000 had been employed; whereas if the cultures were kept at a normal temperature, solutions of the above strength merely retarded their development for a few days.

The clinical value of these experiments is very evident, for, if satisfactory antiseptic results are obtainable with a 1:100,000 solution of corrosive sublimate, neither surgeon nor obstetrician need be circumspect regarding its free use. The irritant or caustic action of the stronger solutions will be absent, and the danger of poisoning through absorption entirely removed.

Ammonia in Cocaine Poisoning.

A case of poisoning by a very moderate quantity of cocaine is reported by Dr. Golovkoff, in the Proceedings of the Caucasian Medical Society, where ammonia was used with good effect to restore the patient. The patient was a somewhat delicate woman, who was suffering severely from toothache.

The pain becoming unbearable, Dr. Golovkoff injected fifteen minims of a two per cent. solution of the hydrochlorate of cocaine under the skin of the left cheek, which gave relief for three or four hours, when the pain returned as acutely as ever. A second fifteen minims were injected, and in about five minutes' time the patient became restless, her pupils dilated, the surface of the skin became pale, the pulse and likewise the respiration became rapid, and shivering came on; the respiration soon ran up to 200 per minute, and was labored. A curious effect, too, was produced on the sounds of the heart, causing them to be audible at the distance of two paces from the patient. There was great pain over the cardiac region and back, together with a dread of death and convulsive movements of the limbs. There was some liquor ammoniæ at hand, and this the patient was given to smell and a few drops were given internally every five or ten minutes. Amyl nitrite was also employed, but the latter seemed to do more harm than good, while the ammonia soon brought the pulse and respiration, and indeed the general condition of the patient, into something more like their natural condition, so that in about a couple of hours she had quite recovered. Dr. Golovkoff remarks that the only case he has been able to find in medical literature where ammonia was used as an antidote in cocaine poisoning was one by Dr. Gooding, of Barbadoes, reported in *The Lancet* of 1888, vol. i, p. 394, and copied into the *Meditsinskoë Obozrênie.* (This was a case of a negress who had developed alarming symptoms after less than half a grain had been injected into the gum; she was treated by hypodermic injections of ether and ammonia.)—*Lancet,* Nov. 30, 1889.

Salpingostomy.

Dr. Skutsch has practiced a new gynecological operation. Since the introduction and general diffusion of salpingotomy as an operation recognized and justifiable, at least in prudently selected cases, many have suggested that at least an attempt might be made to save the diseased tube after opening its occluded cavity and freeing it from adhesions. Practice has shown that the danger of meddling with the affected parts in such a manner, and then closing the abdominal wound, is fraught with risk. Dr. Skutsch proceeds in a systematic manner to conservative ends, or, at least, did so in one case. The patient was sterile and 28 years old. She suffered from pelvic pains, and it is stated Dr. Skutsch diagnosticated obstruction and dilatation of both tubes. This diagnosis was confirmed by abdominal section. A hypodermic syringe was employed in order to puncture each tube and ascertain its contents. As clear yellow serum was drawn away the operator determined to save the tubes. An oval piece, about one square centimetre in size, was cut out of the outer end of each tube, and the mucous and serous coats united by fine silk sutures around the border of the hole thus formed. A sound was then easily passed from the tube into the uterine cavity on both sides. The patient made a good recovery, and was relieved of her pains, but a long after-history is not given. Dr. Skutsch calls this proceeding "salpingostomy." In some cases of pyosalpinx it would be advisable, he thinks, to sew the ends of the tubes to the abdominal wound, to open them and allow them to discharge pus externally. When the discharge ceased to be purulent the tubes might be freed from their artificial attachments and replaced in the pelvis. Dr. Skutsch's paper was read before the congress of the German Gynecological Society in June.—*British Medical Journal,* Nov. 30, 1889.

Misleading Stethoscopic Sounds.

In the *Med. Press and Circular,* Nov. 27, 1889, Mr. G. E. Greene, Medical Officer, of Wexford, says:

The following sources of error in diagnosis when using the stethoscope seem not to be sufficiently dwelt upon, if they are mentioned at all by clinical teachers. Both pupil and teacher frequently spend long periods in practically studying crepitation, etc., and seldom take into consideration that an artistic haired student occasionally generates those sounds in the vicinity of his own ear, whilst a hairy patient having nothing wrong with his lungs produces morbid sounds much better.

Pleuritic friction sounds are well simulated by the patient rhythmically applying his finger ends to his abdominal or other cuticle, while the physician is engaged in auscultation. Taking into consideration the numerous causes of, and necessities for scratching among the lower sections of society and the variability of timbre, rhythm, and intensity produced according to the locality undergoing massage, the vigor, regularity or irregularity of its application, etc., it need not be wondered at that itchiness may be classed as one of the most frequent causes of phantom morbid stethoscopic sounds. Another source of error is the coming in contact with stethoscope of articles worn by patients, the friction of articles of clothing against each other, sounds produced by the bed when knelt upon, sounds caused by constrained position of the doctor's clothing, etc., in awkward positions whilst examining patients too feeble to be moved, noises arising in the room or next door, the imperceptible slipping of the stethoscope, and last, though by no means least important, bruits in auscultator's ears, the result of catarrh or organic disease.

A suitably constructed stethoscope of the binaural type would in most instances very materially diminish the chances of error in diagnosis, provided, of course, the user was well grounded in the sources of pseudo-morbid sounds.

A Defect in the U. S. Pharmacopœia.

In the *Pharmaceutical Era*, Dec., 1889, Mr. Paul L. Stangl, of Philadelphia, says: The United States Pharmacopœia is open to more than one objection, but none is so flagrant as the one to which I wish to call attention. I received a prescription, and finding the dose rather excessive, it being a very poisonous substance, I sent the prescription back to the physician to have it corrected or verified. The doctor being absent, I sent word for him to stop at the store on his route and was rewarded by his appearance shortly after. After stating the matter to him, it occurred to me to see just what the exact maximum dose is, and, as a pharmacist, naturally turned to the United States Pharmacopœia for information. Imagine my surprise on finding that the book, prepared especially to be the standard and guide by which the druggist is to conduct his establishment, lacked that most essential table, the maximal doses. As nearly every Pharmacopœia in the world has these tables, it was the more surprising to find them absent in the Pharmacopœia of this progressive country. This is of greater importance than it looks at first sight. If, for instance, a physician prescribes a poisonous dose, and the prescription comes into the hands of an ignorant and careless apothecary, he can compound it, and in case of poisoning can go free on two points which the law must allow. First, he can claim having followed the prescription and be irresponsible on that account; or, if he be questioned, if he did not know that the dose was poisonous, he can claim irresponsibility, because the U. S. P., the only book according to which he is compelled to make his preparations, does nowhere state the dose of this or any other remedy. On the other hand, the physician can go free on the same grounds, since his text-books vary the dose exceedingly. In fact, in six or eight different text-books on materia medica and therapeutics, used by professionals, which I examined, I found a range, for example, of tincture of aconite of from 5-8 to 20-25 drops as the highest safe single dose that can be given. In consequence a physician ought to depend either on the U. S. P. or his druggist, who in turn must rely on the U. S. P.

Recovery after Wounds and Operations.

Professor Nussbaum has found that a very good prognosis of the healing of surgical wounds can be obtained by examining the secretion from the surface during the first two or three days. If this be sanguinolent, prognosis is more or less bad. Care must be taken not to confound any slight after-bleeding with true sanguinolent secretion. The prognosis is only bad where the secretion from the whole surface of the wound is tinged with blood. Thus, when a day after a litholapaxy has been performed the urine is quite free from a reddish tinge the prognosis is good, or if two or three days after the amputation of a breast when the dressing is changed there is no general sanguinolent stain on the latter, but only, may be, a few little blood clots here and there, it is most likely that the wound will heal satisfactorily. Again, if the secretion becomes free from blood on the fourth or fifth day, the prognosis, though not quite so satisfactory as if there had been none at all after a few hours, it is still decidedly better than if it continues bloody up till the sixth or eighth day. In such a case the patient is sure, if he recovers at all, to be very slow about it. In phthisical persons and hard drinkers there is nearly always a great tendency to a prolonged secretion of sanguinolent matter after wounds, and sometimes the tinge remains thoughout the healing process, which is in these cases very tedious. When the secretion on the first day is free from blood, it shows that the capillaries are closed, and therefore that the intracapillary pressure is normal. Again, it is evident that when the intracapillary pressure is low the endosmose and the exosmose between the vessels and the tissues cannot be taking place properly, and thus that the due healing of the wound cannot be expected to proceed as it ought.—*Lancet*, Nov. 30, 1889.

Value of Vaccination.

One of the most striking indications of the value of vaccination which has ever been given by a layman, is that which reached this country in the "Stanley Letters" of Nov. 25. Stanley writes: "The small-pox broke out among the Mayena and their followers, and the mortality was terrible. Our Zanzibaris escaped this pest, however, *owing to the vaccination they had undergone* on board the Madura."

Double Uterus and Vagina.

In the *Virginia Med. Monthly*, December, 1889, Dr. B. H. Brodnax, of Brodnax, Va., reports a case of double uterus and vagina coming under his observation. The subject was a negro woman, 40 years old, whom he delivered of the smallest child he ever saw, at full term. It measured eight inches long, was well-formed and alive, and died half an hour later. While removing the placenta, his finger caught in a loop in the posterior part of the vagina. Several days afterwards he examined the parts, finding a double vagina. Further examination, with sound, disclosed a second womb; the posterior one joined to the anterior, but with a perfect os and cervix, and depth of womb one and one-half inches. The woman had told Dr. Brodnax previously that she had menstruated regularly every month, whether pregnant or not, which caused her not to know when she conceived, or when her full time had come. This he had doubted.

The anterior uterus and vagina were of usual size but the second womb was only about two-thirds the size of the one that had been impregnated, and its vagina was not over a fourth of an inch in calibre. The two vaginæ were distinct throughout—they moving on one another when rubbed between the fingers. The examination was as critical and careful as could be made on a living subject. The woman had evidently never been impregnated in the posterior womb. She is still living, and the birth at which the discovery was made was the sixth.

Sea-water for Gonorrhœa.

In the *Brittsh Medical Journal*, Nov. 30, 1889, Mr. R. F. O'Brien, of Dover, says that during the past two months he has treated thirty-two cases of gonorrhœa by means of sea-water injections, the result being an average duration of disease under treatment of 8.87 days. Each case was kept under observation for about a week after the disease had quite disappeared, in order to ascertain if any return of the discharge occurred. Relapse occurred in one case only.

As to complications, one mild attack of cystitis occurred in a patient who had had a history of cystitis previous to his present attack of gonorrhœa.

The treatment was by sea-water injections, undiluted, seven or eight times during the twenty-four hours, each injection being retained for a few minutes. Latterly warm sea-water injections have been used.

The general treatment consisted in rest, dieting, saline aperients, avoidance of stimulants.

The results have been so satisfactory, as compared with those obtained by other methods of treatment, as to lead Mr. O'Brien to publish them, with a view to eliciting more extended trial. Should further experience confirm the above results, this would prove a method of treatment peculiarly suited to the naval and military services.

The advantages of the method are, that sea water combines an alkaline and antiseptic, with a tonic action on the mucous membrane. It is cheap and universal; for where sea water is not available "sea salt" would probably give nearly as good results. It also suggests itself for the treatment of other mucous membranes such as that of the vagina in vaginal leucorrhœa, etc. The addition of an astringent would probably give even better results, but nothing was used in the above cases other than sea water.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

CREMATION AS VIEWED BY THE MEDICAL PROFESSION.

The subject of the mode of disposing of the human body after death is one of great importance to all men; but it is one in which medical men have a peculiar interest. To others it may be a matter of sentiment or of prejudice; but the medical man, from his familiarity with the processes of dissolution and his incessant regard for the influence of every controllable process upon the health of the community, must look upon it with special concern, and at the same time with special fitness for expressing an intelligent opinion in regard to it.

It is well known that the desirability of adopting cremation as a method of reducing the human body, after death, to its original gaseous and mineral elements has appeared clear to many physicians, and that from time to time desultory and occasional expressions of this opinion have appeared in medical and even in lay journals. But now the REPORTER presents, for the first time, we believe, to its readers the opinions of a considerable number of well-known physicians on this important subject. These opinions have been secured by direct application, in interviews by a member of its editorial staff, and are given as faithfully as possible.

The physicians who have met our proposition with courtesy deserve the thanks of their fellow-physicians, and we have no doubt their views will have great weight with the community. As will be seen from the interviews published in this number of the REPORTER—which are but a part of those already secured—the profession cannot be said to be unanimous; but there seems to be a strong preponderance in favor of cremation. This is largely founded—as might be expected—upon hygienic considerations. When the series begun in this number is completed, it is hoped that we shall have a full representation of the medical men of the country. We have not been able to publish in this issue the opinions of all the eminent physicians of this city whose views will be looked for with interest; but they will appear later. The interviewing will be followed up in other cities, and when the work is complete it is hoped that the sense of the medical profession in the United States will be fairly ascertained, and that this will furnish ground for some distinct opinion, which may guide the community in determining what practical steps—if any—are needed to make the customs of the people of this country conform to the teachings of good sense as well as of good taste in the matter under consideration.

PHYSICIANS AND POLITICIANS.

The readers of the REPORTER will remember that about seven months ago the smooth current of medical affairs in the Philadelphia

Hospital was disturbed by an attempt by the Mayor of this city to force upon the Staff a physician of his personal choice, who had not received the endorsement of the Medical Board to which the nomination of candidates was delegated under the Civil Service Rules provided for such cases. At that time Dr. James W. White, President of the Board of Charities and Correction, refused to be the tool of the Mayor, and was summarily dismissed from office by him; and the REPORTER, on May 11, expressed editorially its opinion of this high-handed step.

It was then anticipated that the Mayor would follow up his attempt to wreak vengeance on Dr. James W. White by securing such modifications of the Civil Service Rules as would enable him before long to get rid of some members of the Visiting Staff of the Philadelphia Hospital who were obnoxious to him; and it is now reported that he intends to use the opportunity furnished by the annual election—at which it has been customary to re-elect the whole Staff, unless any of them declined a re-election—so as to have a new man chosen instead of Dr. J. William White, the son of Dr. James W. White.

It is to be hoped that this report is erroneous, and that no one of the present Staff will fail of re-election, unless he does not desire it, or there is clear proof of unfitness brought against him. If, however, it is attempted to displace Dr. J. William White, or any other competent and faithful member of the Staff, we believe no physician or surgeon who respects himself, or who has a true sense of professional honor will lend himself to this scheme by consenting to take a place made vacant so unjustly.

The occasion is one which may prove a critical one in the history of the profession in this city, and may be of far-reaching influence outside of it. It is an issue between physicians and politicians, and any physician who at this juncture mistakes its importance and lends himself to be the instrument of vindicating political or personal animosity, or who fails to stand by the fair interests of the profession as a class will deserve the severest censure.

We sincerely hope that the medical men of Philadelphia will be found united on this occasion; and that they will act so as to add to the reputation of the profession in this city and to strengthen the hands of their fellows elsewhere who may be so unfortunate as to find themselves in a similar trying situation.

THE HEART IN PREGNANCY.

The changes produced in the heart by the pregnant state are of great interest; and they have been studied especially by French and German writers. During his term as interne to the Paris Maternité, in 1826 and 1827, J. F. Larcher was struck by the frequency with which hypertrophy of the left ventricle was observed in women, from eighteen to thirty-five years of age, who had died for the most part of puerperal fever. He examined one hundred and thirty such women, and found that the increase in thickness of the ventricle amounted to a third or a fourth above normal. The right ventricle and the auricles were believed by Larcher to preserve their normal thickness. The investigations of Larcher excited great interest. Ducrest subsequently examined the hearts of one hundred women, from twenty to thirty years of age, who had died in confinement, and he was able to confirm the results obtained by his countryman. Following up the history of this question, we find that Larcher, in 1857, presented a memoir to the French Academy, in which he maintained that there was a normal hypertrophy of the heart during pregnancy. According to the excellent custom of the Academy, a committee was appointed to inquire into the statements made by Larcher. Investigations were undertaken at the instance of the committee by Ducrest, Zamboco, Béraud, and Blot, and they confirmed as completely as possible the results already given. Blot, for example, emptied the hearts of blood and then had them weighed, thus showing that the hearts of pregnant and recently delivered women were heavier than the physiological average in women.

The results given above have not passed unquestioned. Gerhardt examined the area of præcordial dulness in four pregnant women, and upon the insufficient data furnished by these examinations, denied the occurrence of hypertrophy of the heart in pregnancy. He attributes the increase of præcordial dulness found in two of the four cases referred to, to an exaggerated upward curving of the diaphragm, as the result of which the heart is applied more closely to the thoracic wall. Friedreich takes the same view. The researches of Duroziez, however, would appear to establish beyond question the general correctness of Larcher's observations. Duroziez examined the præcordial area of one hundred and thirty-five women, either delivered or about to be delivered, and found the superficial dimensions of the heart to approach those of a man. He found also that the greater the number of pregnancies the greater the tendency of the heart to remain large. Ordinarily the heart diminishes to nearly the normal size within ten days after confinement, becoming smaller in those who do not suckle their infants; while suckling keeps up the hypertrophy of the heart.

It is evident that in examining the hearts of women to determine the changes which take place in a normal pregnancy, those cases should be eliminated in which the women have died of puerperal fever, or have had nephritis, because these diseases can themselves produce hypertrophy of the heart. When these precautions have been taken, the results obtained by different careful observers seem to indicate that hypertrophy of the left ventricle in pregnant women is not constant, and that it is frequently associated with dilatation. According to Fritsch, hypertrophy is not found, but only dilatation, which affects the least resistant parts of the heart—the right heart and especially the auricle. Löhlein takes substantially the same view. Macdonald believes that hypertrophy of the heart really exists, but that its frequency has been exaggerated; he admits that it is accompanied with a certain degree of dilatation of the different cavities of the heart.

It will be seen from what has been said that the earlier French writers were almost unanimous in maintaining that hypertrophy of the heart is a constant accompaniment of pregnancy; and that the German writers, on the other hand, were disposed either to ignore the occurrence of heart changes altogether, apart from puerperal fever and nephritis, or to attribute them to dilatation. The truth lies somewhere between these extreme views; in fact, the later French writers, such as Du Castel, Letulle, and Porak, have approximated somewhat to the views expressed by the German writers cited.

When one considers that in pregnancy the total volume of the blood is increased, and that it is at the same time diminished in nutritive power, it becomes evident that increased demands must be made upon the heart under circumstances calculated to weaken it. If, however, the woman starts with a good heart, and keeps up her nutrition throughout pregnancy, one can understand how hypertrophy may predominate over dilatation. In all probability the heart in most cases of normal pregnancy undergoes in a slight degree both hypertrophy and dilatation, the former affecting chiefly the left ventricle, and the latter the auricles and the right ventricle.

CORRECTION.

In the Clinical Lecture by Dr. Louis Starr, in the REPORTER, Dec. 7, 1889, page 623, 7th line from end of page, "50 per cent." should read "5 per cent." This is the strength of oleate of mercury ointment recommended by Dr. Starr for use in hydrocephalus.

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—The influenza epidemic is spreading in Central and Southern Germany. A large number of cases are reported in Munich, Mayence, Cassel and Leipsic.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

TREATISE ON SURGERY. BY T. HOLMES, M. A., Cantab., Consulting Surgeon to St. George's Hospital, etc. With 428 illustrations. 5th Edition. Edited by T. Pickering Pick, Surgeon to St. George's Hospital, etc. Large 8vo, pp. 1008. Philadelphia: Lea Brothers & Co., 1889. Price: cloth, $6; sheep, $7.

The most striking feature of this edition of Dr. Holmes's book is that we can discover in it no evidence of such revision as the date on the title-page would lead one to expect, or as would be creditable in 1889 to the authorship of Mr. Holmes or the editing of Mr. Pickering Pick. This defect is the more conspicuous and the more astonishing when we consider that no corner of the world is ignorant of the enormous changes which have taken place in regard to the theory and practice of surgery within the last five or ten years. The book before us contains a fair account of the antiseptic method of Lister, but in the body of the work there are statements which were true only before antiseptic surgery was fully developed. Thus, on page 57, we read that contused and lacerated wounds "always unite by second intention"—which is elsewhere described as involving pus-formation. Elsewhere we read "The union of compound fractures is by granulation," and that immediate union of the wound can generally be secured only "if the wound is a mere puncture." "If the wound is larger or the edges are lacerated or contused," he adds, "it will be useless to attempt to close it."

One of the most striking examples of the utter failure to revise this edition is to be found on page 116, where, in speaking of the treatment of hydrophobia, Pasteur is said to have reported his experiments "within the past few months," and his method is described as the inoculation of virus from a dog into a monkey and back again from the monkey into a dog! Again, Dr. Rouge's operation on the nose, published in 1873, is referred to (page 661) as "lately introduced."

In other portions of the book, where the question of abdominal section comes in, the opinions given are those of twenty years ago rather than of to-day! The old idea that opium is "indicated in all forms of traumatic peritonitis" has been abandoned by many of the most successful operators of the world; and for a general treatise, published in this year of grace, to advise the reader to "place reliance" only upon "opium, stimulants and fomentations," in cases of purulent peritonitis, is indeed remarkable; especially when no mention is made of abdominal section, with flushing and drainage, in the face of the favorable results which abound in literature.

No clear description of any one method for the radical cure of hernia is given in the work. In the author's opinion all operations, even the most recently devised, usually fail in their object unless assisted by a truss. In vaginal hysterectomy, tying off the broad ligaments by ligatures is alone advised; a method which, on account of its high mortality from hemorrhage, has been almost wholly displaced, the world over, by the clamp forceps, allowed to remain.

These are only examples—of which many more could be cited, if our space permitted—of the contrast between the teachings of this edition of Mr. Holmes's book and the present position of the science and art of surgery; and we find it difficult to understand how men of so much reputation as Mr. Holmes and Mr. Pick should appear to be responsible for such a seeming exhibit of ignorance or audacity.

AN EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOTISM. BY DR. R. VON KRAFFT-EBING, Professor of Psychiatry and Nervous Diseases in the Royal University of Graz, Austria. Translated from the German by Charles G. Chaddock, M. D., Assistant Physician, Northern Michigan Asylum. 8vo, pp. viii, 129. New York and London: G. P. Putnam's Sons, 1889.

The present volume contains the history of a young woman who was extraordinarily suitable for the study of hypnotism. Her family history was extremely bad: the father was a drinker, and had died by suicide; the mother was sickly, and died paralyzed as the result of apoplexy; the mother's father shot himself while insane; a brother and sister of the patient died by suicide, and a sister was subject to *hysteria convulsiva.* The patient herself had a morbid impulse to suicide, which she abhorred; she also had attacks of hystero-epilepsy, and one attack of catalepsy. When sixteen or seventeen, while on a visit home from the convent where she was studying, she fell passionately in love, and surrendered herself sexually to her lover. She was then sent back to the convent, but escaped. Her subsequent history, up to the time when she came under Prof. Krafft's care, in October, 1887, is one of strange adventure. She committed thefts, sometimes apparently knowingly and sometimes while in a condition of self-induced hypnosis (autohypnosis), after coming out of which she would have no knowledge of her acts. Part of the time she wandered about disguised in male attire. Dr. Jendrássik, of Budapest, experimented with her in March, 1887; from him she escaped, and fled to Graz.

Professor Krafft's experiments with this pathological curiosity were very elaborate and covered a considerable period of time. The subject was absolutely under his control while hypnotized, falling in with all his suggestions and obeying no one else. She even attempted criminal acts at his suggestion. What is more remarkable is the demonstration that the patient could be made to perform acts, after awaking, under the impulse of suggestions made during the persistence of hypnosis. The curious influence of mind over matter was illustrated in the fact that the suggestion that the skin had been branded was followed by an inflammation which left the designated scar behind.

Professor Krafft's experiments are an interesting study in morbid psychology, and have a direct bearing upon certain medico-legal questions. Apart from this we do not see that anything new has been developed. The author believes that two facts have been established: (1) "that the phenomena of hypnotism are of a psycho-suggestive nature; (2) that post-hypnotic suggestion leads to the establishment of auto-hypnosis."

Dr. Chaddock, the translator, has done his work well, and the publishers have presented the book in a handsome form.

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LITERARY NOTES.

The *Writer* (Boston) for December is filled with original contributions of interest and value to all who are engaged in literary work. Following a personal sketch of Mrs. George Archibald are articles entitled "Duplicating Manuscripts," "The Opening Sentence," "'Don'ts' for Young Writers," "Needless Words." A new department, of great practical value, is entitled "The Use and Misuse of Words;" in it every-day questions of language are discussed briefly in a plain and common-sense way.

NOTES AND COMMENTS.

Italian Sausages.

The excitement caused throughout Italy by the detection of extensive frauds in the Bologna sausage manufacture is spreading. Other cities, notably Florence, are demanding an immediate inspection of the same articles of food as are vended in Italian warehouses. The public, says the *Nazione* of that city, are entitled to some such inquiry in their behalf as has just yielded such startling results in Bologna. Instead of the pig's flesh popularly supposed to form the main ingredient in the Italian sausage, horseflesh is that which is really used — horseflesh, moreover, of more than dubious origin, taken from animals that have died of infectious disease, and even that in an advanced state of decomposition. According to the *Tribuna* there has been collusion between certain sausage manufacturing firms and the veterinary authority, the latter winking at frauds which it ought to have exposed. The new powers conferred by the Codice Sanitario, indeed, are finding material for their exercise in quarters hitherto above suspicion —in an industry, to wit, which has long been one of the special boasts of Italy.—*Lancet*, November 16, 1889.

The Radical Cure of Hernia.

At the meeting of the Johns Hopkins Hospital Medical Society, held in Baltimore, October 22, 1889, Dr. Wm. S. Halsted presented five patients upon whom he had performed his operation for the cure of inguinal hernia. He described the operation as follows:

1. The incision begins at the external abdominal ring, and ends one inch or less (less than one inch in children) to the inner side of the anterior superior spine of the ilium on an imaginary line connecting the anterior superior spines of the ilia. Throughout the entire length of the incision everything superficial to the peritoneum is cut through.

2. The vas deferens, with its vessels, is carefully isolated up to the outer termination of the incision, and held aside.

3. The sack is opened and dissected from the tissues which envelop it.

4. The abdominal cavity is closed by quilted sutures passed through the peritoneum at a level higher by 1½–2 inches, than that of the so-called neck of the sack.

5. The vas deferens and its vessels are transplanted to the upper outer angle of the wound.

6. Interrupted, strong silk sutures, passed so as to include everything between the skin and the peritoneum, are used to close the deeper portion of the wound, which is sewed from the crest of the pubes to the upper outer angle of the incision. The cord now lies superficial to these sutures, and emerges through the abdominal muscles about one inch to the inner side of the anterior superior spine of the ilium.

7. The skin is united over the cord by interrupted stitches of very fine silk. These stitches do not perforate the skin, and when tied they become buried. They are taken from the under side of the skin, and made to include only its deep layers—the layers which are not occupied by sabaceous follicles.

Dr. Halsted has for more than two years sewed most of his wounds in this way. The method was suggested to him from his experiments on dogs. He thinks that it is very difficult, and perhaps impossible, to disinfect the skin of a dog, and believes that pyogenic organisms may occasionally be present in the sebaceous follicles of the skin. At any rate, he had repeatedly observed pus in the suture holes of the perforating skin stitches, and could not with any certainty secure primary union of the skin wounds of dogs until he had resorted to this subcutaneous method of sewing the skin. Dr. Halsted remarked in this connection that whether or not it were possible or easy to disinfect absolutely the human skin, he had been much impressed with the fact that skin sutures not infrequently suppurate, even in wounds sewed by the most careful surgeons in this country and abroad. He thought it advisable, therefore, to test for a time the subcutaneous, buried, skin suture.

8. One or two small, short gauze plugs are used as wound drains.

The gauze plugs are removed at the first subsequent dressing—usually at about the seventh day. The patients are allowed to walk about on the 21st day.—*Johns Hopkins Hospital Bulletin*, December, 1889.

Ainhum, a Brazilian Disease.

Ainhum was first systematically described by a Brazilian surgeon as attacking colored races in Brazil. The merit of its actual discovery, as Dr. Radcliffe Crocker and others have pointed out, is due to Dr. Clarke, who described the disease before the Epidemiological Society in 1860, as a dry gangrene of the little toe among the natives of the Gold Coast. Dr. Da Silva, of Lima, however, described ainhum as a disorder long known as existing amongst Africans and Creoles in South America. Ainhum consists in hypertrophy and degenerative changes in the little toe, a constriction forming and slowly becoming deeper until the digit is amputated spontaneously or otherwise. The disease is often symmetrical and may last for years. It is now known that the fourth, or even the great toe, may be affected, and Egles describes a case where a finger was attacked. It is frequent near Bahia, and also occurs in the Southern States of America, the West Indies, the West Coast of Africa, India (where Hindoos are also liable to the disease), Réunion, and Nossi-bé. The pathology of ainhum is obscure, and although spontaneous amputation of digits is a feature in some forms of leprosy, it is by no means certain that the two diseases are closely allied.—*British Med. Journal*, Nov. 13, 1889.

Chloroform and Locomotor Ataxy.

Dr. Thiem, having had to give a patient with slight signs of locomotor ataxy, chloroform for the purpose of examining an abdominal tumor, was surprised to notice that as she was being helped from the room, while still somewhat under the influence of the chloroform, she walked with a typical ataxic gait, though this symptom was not ordinarily present. On watching other patients who were not suffering from this affection trying to walk while still partially under the influence of chloroform, Dr. Thiem convinced himself that the peculiar gait only occurred in the subjects of ataxia in whom the semi-narcotic state brings out the want of coördination in the movements of the legs. The explanation would appear to be that inasmuch as the peculiar gait is not due to any paralysis of the muscles, but only to the want of coördinating power, which is set in action by the control exerted by the muscular sense and the sense of sight, when, as in the case of a half-chloroformed subject of locomotor ataxy, both the central coördinating apparatus and the peripheral regulating machinery are in a more or less inactive condition, there is a double reason for the existence of the well-known jerking and sliding movements of these patients. It would appear, then, that in doubtful cases of locomotor ataxy some assistance towards a correct diagnosis might sometimes be obtained by partially anæsthetizing the patient and then observing his gait as he walks across the room.—*Lancet*, Nov. 16, 1889.

A New Method of Anti-Rabic Inoculation.

Inspired by the belief of M. Pasteur that the desiccation of spinal cords obtained from animals having died of rabies diminishes the quantity and not the virulence of the rabic poison, M. Hœgyes, of Buda-Pesth, was led to try the effect of simple dilution, and he has successfully carried out seventy vaccinations on this plan without the production of any untoward symptom. He soaks one part of diseased cord in a sterilized solution of sea salt (7 grammes to the litre), the proportion varying from 1 in 10 to 1 in 10,000. The latter dilution does not cause death in the rabbit, but double that strength (1-5,000) will do so, though not invariably. The stronger solutions kill, and each rise in strength corresponds with a shortening of the period of incubation. The author hopes by careful dosage of the virus to obviate the uncertainty which results from using spinal cords of varying dimensions, the process of desiccation upon which the attenuation of the virus depends not being the same in a thick as in a thin cord. Whatever the value may be of these discoveries, they furnish an additional proof that M. Pasteur's method is based on a sure basis of observed facts. By vaccinating animals before infection immunity is, in most instances, conferred against any—even the most powerful—mode of infection. Vaccination *after* infection only protects apparently against the usual mode of transmission, viz., by bites.—*Medical Press and Circular*, Nov. 20, 1889.

Coryza.

The following solution for nasal catarrh is recommended by Professor Leffert, who claims it to be most efficacious:

℞	Acidi carbolici	℈j
	Sodii boratis	ʒj
	Sodii bicarbonatis	ʒj
	Glycerini	f℥j
	Aquæ rosæ	f℥j
	Aquæ, q. s. ad	Oj

M. Sig.: Use as a spray.

Anasarca and Ascites in an Infant.

Dr. James Wright Putnam, of Buffalo, N. Y., reports in the *Buffalo Med. and Surg. Journal*, Dec., 1889, the following case:

A boy, eleven months old, with acute general dropsy. The scalp, hands, arms, legs, and ankles all pitted on pressure. The abdomen was greatly distended with fluid. There was no history of previous ill-health. The bowels moved naturally every day. There was no suppression of urine. There had been no cutaneous trouble. Small powders of jalap and cream of tartar were prescribed. These operated freely, and reduced the edema of the extremities to a marked extent.

The ascites, however, was undiminished, and we accordingly decided to tap. We drew off one pint of fluid, which was straw-colored, and did not differ from the usual ascitic fluid. The child made a complete recovery.

Carbolic Acid in the Treatment of Neuralgia.

Dr. Julius Garst, of the Indian Reservation, Tacoma, Washington Territory, writes to the *New York Medical Journal*, November 30, 1889, that recently a case of severe neuralgia, that had continued about three months, came under his care. The patient had taken the usual tonics, also quinine in large doses, and acetanilide, without relief. The pain was severe in the areas supplied by the infra-orbital, the supra-orbital, the temporo-malar, and the great occiptal nerves, also in a spot a little to the left of the seventh cervical vertebra. There was no tenderness along the spine. Complete relief followed the injection of several drops of a fifty per cent. solution of carbolic acid at the points from which the pain radiated. Two weeks had passed, at the date of Dr. Garst's letter, without any return of the pain, and during that time trinitrin had been taken.

Infantile Diarrhœa.

At a meeting of the Harveian Society of London, held November 7, 1889, and reported in the *Medical Press and Circular*, November 20, 1889, Dr. Luff read a paper on the causation and the treatment of that variety of acute infantile diarrhœa produced by irritative products, resulting from fermentations set up in milk, either previous to or after ingestion. While admitting that though probably several irritating substances resulting from the fermentation of milk are factors in the production of the form of acute infantile diarrhœa under consideration, he contended that the principal share of blame rests with milk or cheese ptomaine tyrotoxicon produced during the fermentation of milk under certain conditions. The treatment of acute infantile diarrhœa, with the view of arresting the abnormal intestinal fermentation was then considered. Carbolic acid, creasote, resorcin, salicylic acid, salicylate of soda, naphthol, and salol have been given in the hope of checking the putrefactive changes in the bowels. Ringer has recommended the administration of a weak solution of bichloride of mercury in infantile diarrhœa attended with very slimy stools. Dr. Luff then referred to Illingworth's antiseptic treatment of infantile diarrhœa, which he had himself found most useful, and the employment of which had first directed his attention to the treatment he had employed. This consists in drug treatment and diet treatment combined. The drug treatment consists in the administration of one-fiftieth of a grain doses of the biniodide of mercury dissolved in iodide of potassium, combined with one grain doses of chloral hydrate. It was shown experimentally that the biniodide of mercury is an extremely soluble and diffusible salt, and that it possesses the property of combining with and rendering insoluble the milk ptomaine tyrotoxicon. As regards the diffusibility of the biniodide of mercury, Dr. Luff has detected it in the urine within two hours of its administration. Dr. Luff had never found that soluble biniodide of mercury itself acts as an intestinal irritant. Of eighty cases of acute infantile diarrhœa treated in this method the diarrhœa ceased within two days in seventy-two of the cases, in five out of the remaining eight cases it ceased within four days, and in no case did it last over seven days.

Fractures of the Base of the Skull.

Fracture of the base of the skull has been one of those injuries which the surgeon has treated purely upon the expectant plan, and with the conviction that death is sure to follow. This view of the lesion has been entertained for years by hospital surgeons, and there is certainly a consensus of opinion among surgical writers in regard to the prognosis in this injury. All the standard text-books and monographs are in accord in reference to the mortality.

Dr. Frederic S. Dennis, of New York, in an interesting paper on this subject, read before the New York Academy of Medicine, and appearing in the *Medical Record*, November 23, 1889, claims that it is a clinical fact that the great majority of these cases die from causes which can be wholly prevented by the surgeon. There has been but little encouragement to the medical man to attempt any treatment in these cases of basilar fracture, when one reads, as he may, in the latest edition of a large standard work on surgery, "that any treatment directed to the lesion itself is out of the question."

The fractures of the base of the skull may be situated in any of the three fossæ of the cranium. They may be divided into three varieties :

1. Where the fracture involves the anterior fossa, the roof of the orbit, or the nasal cavity.

2. Where the fracture involves the middle and posterior fossæ.

3. Where the fracture involves the posterior fossa.

The first variety is seen in falls upon the forehead, or by an umbrella or cane thrust through the roof of the orbit.

The second and third varieties, where forces act from below, as a fall from a height where the patient strikes upon the tuberosities of the ischium or upon the vertex of the skull.

The signs and symptoms of fracture of the base of the skull slightly vary according to the seat of the injury. There are, however, three signs and symptoms that are nearly always present. These are, first, hemorrhage; second, escape of cerebro-spinal fluid ; thirdly, coma. In regard to hemorrhage, the source of it is most important to consider. If the anterior fossa is the seat of fracture, the bleeding occurs from the nose or from the mouth, and usually there is subconjunctival ecchymosis; if the middle and posterior fossæ are involved, the hemorrhage is from the ear and occasionally from the nose. It must be noted that, in cases of non-rupture of the membrana tympani, the blood may escape into the nose and pharynx and enter the stomach. Hemorrhage in such a case may exist but there are no external evidences of it. The first intimation that the surgeon has of the existence of hemorrhage is hematemesis. Absence, therefore, of hemorrhage from the ear or nose is not conclusive evidence of the non-existence of a basilar fracture. On the other hand, the presence of bleeding alone from the ear is not in itself a diagnostic sign of any value as indicative of fracture of the base of the skull.

The escape of cerebro-spinal fluid is a valuable diagnostic sign. Coma is also present in a greater or less degree, according to the severity and the situation of the fracture.

With a view to simplifying the general subject of basilar fractures, Dr. Dennis advances the two following propositions:

First. That fractures of the base of the skull should be considered in the same category as compound fractures of the vertex of the skull or long bones.

Second. That since fractures of the base of the skull possess the same essential characteristics as other compound fractures, they should therefore be treated by the same exact principles of aseptic surgery.

Dr. Dennis answers the first proposition by stating that the entrance of air to the seat of a fracture is a *sine qua non* for the existence of a compound fracture, and that the same applies to basilar fractures, since the air may gain access to the seat of the fracture either through the external auditory meatus, the Eustachian tube, or through the pharynx or nasal cavities. Then again, basilar fracture is associated with hemorrhage, laceration of the nerves, with venous thrombosis, with septic phlebitis, with fat-embolism, with cerebro-spinal shock, with pyemia —in fact, with all the complications that arise in other compound fractures.

The essential features of the treatment should therefore be the same as for any compound fracture, viz.: Antiseptic cleansing of the wound, immediate immobilization, proper drainage, and permanent fixation. Dr. Dennis then shows how these principles may be applied to basilar fractures. The technique is simple. The patient suffering from fracture of the base of the skull, should be removed to the operating room, and every outside preparation having been made to make the toilet asceptic, the head should be held firmly and the entire scalp shaved, after which it should be thoroughly washed with soap and water, and then irrigated with a 1 to 500 bichloride of mercury solution. Attention should next be directed to the irrigation of the external auditory canal and the nasal cavities. Both of these should be rendered thoroughly aseptic, after which the ears should be packed with iodoform or bichloride gauze and some absorbent cotton plugs placed in the nose. The air can filter through cotton, but micro-organisms cannot pass through it. In irrigating the nasal fossæ the surgeon must exercise great care, lest the fluid enter the stomach and produce toxic effects. There remains now only one other possible channel of infection to the seat of fracture, and that is the Eustachian tube. This may carry sepsis to the interior of the cranial cavity in a fracture of the base.

In the ordinary form of fracture of the base, where the membrana tympani is ruptured, the discharges make their exit through the auditory canal. In the exceptional cases where the membrane is not ruptured, the blood, serum, and cerebro-spinal fluid find their way into the nasal cavity and the pharynx, and thus these cases are most exposed to sepsis. If the unruptured membrana tympani is examined in a basilar fracture, the membrane will be puffed out on account of the presence of fluid behind it, and the membrane will have lost its natural lustre. These are the circumstances under which it may be wise to puncture the membrana tympani, and thus allow the blood and the cerebro-spinal fluid to escape through the external auditory canal. The diversion of the discharge from the Eustachian tube into the ear makes it possible to keep the fluids permanently aseptic. Having now rendered the head and all the avenues of approach to the intracranial cavity aseptic, it remains to apply a dressing that will keep these parts permanently free from any source of infection. This object is best accomplished by the use of a cap made of wet loose bichloride gauze or carbolized wool, over which absorbent cotton should be placed and a bandage applied. The cap should completely surround the entire head, cover in the ears, and protect every channel leading down to, and communicating with, the seat of fracture, and the cerebral viscera from the entrance of septic germs. This same dressing should be made from time to time during the repair of the fracture, and under the same strict and rigid rules of antiseptic surgery. The head should be held firmly by some dressing that insures its fixation and keeps the fracture as quiet as possible during the repair.

The practical value of Dr. Dennis's theories is ably demonstrated by the report of a case of severe basilar fracture, which, although accompanied by most unfavorable complications, resulted favorably under the treatment above described.

Nitrous Ether for the Cure of Eczema Inpetiginodes.

Dr. W. H. Sullivan, of Rising Sun, Ind., writes to the *Cincinnati Lancet Clinic*, Dec. 7, describing the curative effect of sweet spirits of nitre upon an eczematous affection of his face and hands. The disease began about ten months ago, and was treated by the most approved methods, without much success.

When about despairing of any good results, Dr. Sullivan was handling some nitrous ether, which was spilled on the affected parts. It produced immediate comfort, relieving the itching and gradually the discharge from the skin ceased. When itching or burning again occurred a thorough application was made of the nitrous ether, and after a lapse of three weeks he describes the results as simply marvelous.

The writer is a physician of forty-one years' standing, a graduate of Transylvania University.

Hygiene and Sunday.

Among the questions treated of at the recent Congresses in Paris, that of the observance of the Sabbath as a day of rest was not the least interesting. The Congress on this subject was presided over by M. Léon Say, who remarked that this rest, which several religions rendered obligatory, is a law of nature, and consequently a law of hygiene, the excellence of which has long been demonstrated, although it is not to be found in all national codes. The resting on the seventh day is of Biblical origin, and the custom of counting the days by seven was formerly the rule among the most diverse races—in India, as among the Celts, in China as well as in Arabia. Now that hygiene has become a positive science, it confirms the moral and material necessity for a temporary rest on the seventh day. The idea was adopted in principle by all the members of the Congress, which received the patronage of two political celebrities—Mr. Harrison, President of the United States of America, and Mr. Gladstone. In a letter which was read publicly, President Harrison declared that he considered that all workers, whether with the hands or with the head, were in need of rest, which alone can guarantee the general observance of the Sabbath. Mr. Gladstone declared that he attributed his robust health and his longevity to his invariable observance of the Sabbath rest. Several reports were presented to the Congress, and physicians, professors, philosophers, and hygienists are in accord on this point. All, without exception, support for workers of all classes and of all ages a weekly day of rest, which should even be made obligatory. It may here be noted that in 1881 this subject was opened to competition by the Swiss Government for a prize, which was awarded to Dr. Niemeyer, of Leipsic. The subject was brilliantly treated by Dr. Niemeyer, who observed that the Dominical rest is the first commandment of hygiene, which should be followed to obtain a peaceful and continued amelioration of society, and in this respect it is as much a rational institution as a religious one. The following is the summary of the conclusions voted by the great majority of the members of the Congress:—"Rest on Sunday is possible in varying degrees in all industries. Sunday is the day which best suits the employer and employed, both as regards the individual himself and his family, and it is well that the day of rest should be, as much as possible, the same for all. When the Sunday rest is impracticable for certain reasons, it should be replaced by some other day, so that the workman may have fifty-two days' rest in the year as equally divided as possible. This rest permits man to produce considerably more and better work, inasmuch as it contributes to maintain his zeal and to restore his physical forces."—*Lancet*, Nov. 23, 1889.

NEWS.

—The death-rate in New York last week was the lowest ever reached, being only 18.20 per cent. per 1,000 population.

—The Corporation of Dublin has adopted the Infectious Diseases Act, which compels notification of contagious and infectious diseases.

—All the schools in Marlboro, Massachusetts, were closed Dec. 11, owing to the prevalence of diphtheria. Twenty cases have been reported.

—The sum of $800,000 has been bequeathed by the will of the late Mr. J. H. Schoenberger, to found a hospital for incurables at Pittsburgh, Pa.

—Dr. Charles P. Noble has been appointed Surgeon in Charge of the Department for Diseases of Women, at the Northern Dispensary, Philadelphia.

—On November 26 the medical department of the Dartmouth Medical College held its annual commencement. The graduating class numbered twenty-one.

—Dr. Remsen Taylor, the health officer of Long Island City, who has been under investigation for extortion, by the Grand Jury of Queens County, has received an official vindication.

—A Detroit physician, who is dying from necrosis of the frontal bone, is reported to be watching his own case without other professional aid, taking copious notes of the symptoms, etc., as they appear.

—Dr. E. H. Wright, a well-known and highly-respected physician of Georgia, and for many years a subscriber to the MEDICAL AND SURGICAL REPORTER, died at his home, Latilla Bluff, December 4, 1889.

—Professor Thomas Opie, Dean of the College of Physicians and Surgeons, in Baltimore, is reported critically ill from blood poisoning, contracted while performing a surgical operation a few weeks ago.

—Drs. F. S. Powell and R. C. Word, who for many years have been editors of the *Southern Medical Record*, have retired from the editorship, having sold their interest in the *Record* to Dr. D. H. Howell, of Atlanta, Georgia.

—Dr. Hans Virchow, Privatdocent in the University of Berlin, and Prosecutor in the Anatomical Institute, has been raised to the rank of Professor Extraordinarius. Dr. Hans Virchow is a son of the celebrated pathologist.

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CLINICAL LECTURE.

FRACTURE OF THE NOSE.—TALIPES.—INJURY TO THE SHOULDER.—COLLES'S FRACTURE.—HERNIA CEREBRI.—FOREIGN BODY IN THE FINGER JOINT.—THE STROMEYER SPLINT.[1]

BY JOHN H. PACKARD, M. D.,

VISITING SURGEON TO THE PENNSYLVANIA HOSPITAL.

Fracture of Nose.

Gentlemen: This patient is one to whom I wish to call your particular attention, because he presents a condition not often seen in a clinic. This man has a contusion of his eye, and upon this side of his bruised and swollen nose I feel distinct crepitus. Often the so-called cases of fracture of the nose are really displacements of the cartilages of the nose from the nasal bones, the line of articulation being found just above the pad of the ala, the supposed fracture being merely a separation of the parts. I feel here, however, the crackling of the fragments, and I wish to ascertain whether or not the bones are in their proper position. In order to do this I take a grooved director, choosing this instrument on account of its firmness, and pass it up the nose and close to the septum, thus avoiding the upper turbinated bones. I find the fragments almost exactly in position. Had they been displaced, I should have taken a roll of carbolized lint and plugged the nostril, thus pressing the bones into place and holding them there. In treating cases of this kind, frequently the separation of the cartilages is not properly replaced, and as a result there is a permanent disfigurement. The vomer and the perpendicular plate of the ethmoid bone are not disturbed in this case, but there is merely a cracking of the nasal bone upon this right side. No disfigurement will result.

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[1] Delivered at the Pennsylvania Hospital.

In examining the nose, you see I have produced quite a free hemorrhage. A common error is to draw cold water or ice-water into the nose to stop the bleeding. Hot water is a much better hemostatic, and we will use it here.

Talipes.

I now show you this case of varus which has been brought here for operation. The patient is a colored girl who states that she is eleven years old. When I show you the condition of things here, it appears as if we could do something for this ankle by taking out the astragalus or the cuboid bone and thus bring the foot down so that she would be able to walk. But when I show you her knee, you see that it is in a state of actual dislocation. The head of the tibia fits against the back of the condyles of the femur and there is a new joint surface on the posterior surface of the condyles instead of at their extremities. I could remedy this also, but if I did, I should have here another condition to confront, namely, a wasting of the glutei muscles. There is a flatness of this hip, and the trochanter, which should be like that of the other side, can scarcely be seen; and when I rotate the limb, the arc of rotation of the trochanter is very slight, showing that the neck of the bone is short, and the head of the bone very small. The upshot of all this is, that some cases of deformity may be remedied, but the results obtained would not justify the necessary operative procedures, as there would not be enough accomplished towards the bettering of the condition, and making the limb useful, to warrant the operation. This case is one of this class, and the advice I would give to the child's parents would be that she be allowed to continue the use of her crutch, and that they should not subject her to an operation.

Injury of Shoulder.

I now show you a child who has been before you once or twice before. The case is one of an injury to the shoulder in which suppuration of the joint had occurred; and it was decided on full consultation with my colleagues that an excision of the upper portion of the bone should be performed; but the case has improved so greatly under treatment that I postponed operation indefinitely and shall merely dress it before you to-day. To do this I employ this zinc cap for the shoulder, which gives support to the parts and holds them in place. This should not be carried too far over the shoulder, or else it will defeat the object you wish to accomplish, namely, the holding of the head of the humerus in place. If the cap extends too far over, it rests upon the clavicle, and does not affect the humerus at all. This cap just reaches to the point of the shoulder, as you see. An injury like this in an adult would probably have much more serious results than it does in this child. In making the shoulder cap, cut the zinc larger than you need, and then turn it down and trim it to suit your case. You see, it holds itself in position. It is turned so as to fit nearly to the axilla anteriorly and posteriorly, and over the shoulder. There is a considerable degree of motion in this shoulder joint. There is no fracture of the joint here, but of the surgical neck of the humerus, and there is a little dead bone present, but if the opening will heal up, I will not interfere with it. I will replace the splint and show you the patient some time again. This is a very instructive case, and I believe the boy will get entire freedom of movement in the joint.

Colles's Fracture.

The next case is an old woman with a Colles's fracture. The most essential point in the treatment of this fracture is the reduction. If you do not reduce it you get a poor result, no matter what appliances you may use. I applied to this a Levis's splint, which is a very excellent form. There is a very slight deformity here, but not enough to make any material difference, especially as the woman has naturally a prominent ulna, and one of the remaining traces of every Colles's fracture, is a projection of the ulna. In this case the natural condition must be taken into consideration. There is about the same amount of dropping of the two wrists. In some cases of this injury, the fragments may remain in place, no deformity result. But if you have a persistent tenderness in the bone, you may be certain that there is a fracture. One word in regard to the splint. It is a matter of great consequence that you get a splint of the right size. You might as well run a man's foot into a child's boot as to put his limb into too small a fracture apparatus, while if the latter be too large, it will not hold the limb securely. In case of any fracture, if the patient leaves your hands with the slightest avoidable deformity, just so far have you failed in your duty. There are cases in which shortening will necessarily occur, as in delirium tremens or to a disobedient patient, but usually it can be prevented.

Cerebral Hernia.

I now show you the case I had before you two weeks ago, the man with a fracture of the skull just over the ear involving the temporal and parietal bones. As you will remember I removed a large fragment of the bone. There was a copious hemorrhage which I stopped by means of a plug of iodoform gauze, but it recurred, and we were obliged to re-dress the wound and insert a new plug. After this he had several very violent unilateral convulsions due, probably, to the pressure of this plug. Twice his temperature rose to 101° and a little over. You now see the wound. When I speak to the man you notice how slow and thick his speech is. This can be accounted for if you notice the position of the wound, which is upon the left side of the head close to the centre of speech. There was a loss of the substance of the brain, and I had to explore the cavity to remove fragments of bone. This loss has been attended with a degeneration of the surrounding brain tissue, involving a portion of the island of Reil, and consequently his speech is very imperfect. He sleeps almost constantly, and lies without noticing anything. You notice there is considerable swelling here, and a hernia cerebri has formed. No matter how much pressure we make upon this, it will grow. Nevertheless we shall continue our pressure upon it in the hope of stopping its growth. He is very dull, as you see, and I do not believe he has uttered a sound since the injury was received, except when disturbed by urgent questioning. His color is good, pulse slow, temperature normal, and there is a possibility we may be able to control this hernia cerebri, and the man recover. Two years ago I had a case before you in which there was a severe injury to the top of the head with an enormous loss of brain substance. The man recovered without a symptom and wanted to go out of the house in the course of a week, but was dismissed at the end of three weeks cured. This shows how a considerable amount of the brain substance may be removed with apparently no bad results. This wound was dressed entirely antiseptically, and yet you see there has been a discharge. This is not pus, but degenerated brain substance. It is an interesting fact that often cases, in which there is a most trivial wound of the brain, will die, while those in which there is a terrible injury will recover entirely. You will recall, for instance, the celebrated case in which a crowbar was driven through the brain, but the man got well. It is important to remember this fact; you should never neglect an injury of the head however slight. If there be any shock attending the injury, never regard it as trifling, for there has been a concussion or commotion of the brain-substance. [This patient is now, November 15, almost entirely well.]

Foreign Body in Finger-Joint.

This man has had a small iron pin driven into his finger-joint by some machinery. He has now a marked degree of arthritis, and believes that the pin must have been left in the joint. I will proceed to open the joint; I shall do so simply to treat the arthritis, with the expectation that the man will have a perfectly movable finger. This operation, which is one of the modern improvements in surgery, will prevent the further progress of the trouble. We are now able to open joints, wash them out, and close them antiseptically. It seems as if this injury of the finger is a small affair, but when we consider that the man's livelihood depends upon the condition of his hand, it becomes a matter of greater importance. Should this operation fail, and he recovers with a stiffened joint, he is then no worse than he would have been were the case allowed to run on, and his condition then could be relieved by amputation. I wish to avoid dividing the tendon or injuring the vessels, and to do this I make my incision at a point between the extensor tendon and the side of the finger, that is, along what I should call the corner of the finger. I make the incision an oblique one, so as to get the most complete closure afterwards. The pin is here. It seems a simple thing to take out a foreign body embedded in the tissues, but it is often a matter of great difficulty. This pin had partly penetrated the bone. I will wash out the joint, and will place the finger upon a straight splint, after ligating all bleeding points, and inserting a small drain. [Complete restoration of the mobility of the joint resulted in this case.]

Stromeyer Splint.

I wish to dress this case of elbow trouble before you to show you the use of the Stromeyer splint which is an apparatus devised to preserve the mobility of the joint. This man, when he entered, had scarcely any power of flexion in his arm. I divided the tissues just over the most prominent part of the lower fragment, which I chiseled away, and dressed the wound with the arm at a right angle. If I did not want to get motion here, I should not remove the dressing. There is not much motion here now, but by manipulation I can secure a certain amount of motion in the way of flexion and extension, and slightly in pronation and supination with which I will be satisfied at present. I shall again apply the Stromeyer's splint adjusting the angle by means of these screws to the new angle in which I have placed the arm. I hope, by means of this splint, to save this man the use of his joint. [This patient was shown to the class four weeks later, with the power of flexing the elbow to less than a right angle, and with almost perfect pronation and supination.]

* * *

COMMUNICATIONS.

CYSTIC TUMOR FORMED BY HERNIA SAC.

BY C. L. BOWER, M. D.,
ADJUNCT PROFESSOR OF CLINICAL AND OPERATIVE SURGERY IN THE PHILADELPHIA POLYCLINIC, ASSISTANT SURGEON TO ST. AGNES'S HOSPITAL, AND SURGEON TO ST. CLEMENT'S DISPENSARY.

A woman with the following history recently came under my care:

Sarah E. D., 45 years old, while washing clothes eight years ago, suddenly felt something give way in the lower part of her abdomen on the left side, and found that she was unable to walk, on account of pain and weakness. On examination she discovered a tumor, about the size of her fist, in the left inguinal region. It was diagnosticated an inguinal hernia by her physician, who undertook to reduce by taxis. He only succeeded after three hours' work, the patient being under ether. A truss was then applied, which the patient wore without any discomfort until one year ago when it began to give her such pain that she was compelled to stop using it. After a little while she found that she could not reduce the hernia. The pain continued at intervals and caused her considerable inconvenience.

When she first came to me for treatment, I found, on examination, a tumor, about the size of a goose egg, in the left inguinal region, protruding from the external ring. The growth was irreducible and caused her some pain on pressure. It was apparently an incarcerated hernia. An operation was therefore advised, to which the patient consented.

She was etherized and prepared aseptically, and every precaution taken throughout the entire operation to insure asepsis. An incision about three inches long was made directly over the tumor, and the tissues dissected away until the sac was reached. This was pear-shaped, the neck completely filling the external inguinal ring. After carefully enucleating the sac, I prepared to open it. Although there was no gut to be felt, there appeared to be a small piece of omentum, which would not go back into the abdominal cavity. On opening the sac nearly six ounces of straw-colored fluid escaped, and on exploring the sac found that there was no opening into the bowel. Attached to the upper part was an irregular piece of tissue, two and a half inches long, which hung down into the cavity of the sac, resembling a mass of inflammatory tissue or altered omentum. The pedicle was then ligated, the sac removed, and the wound closed with catgut sutures, and a dry gauze dressing applied. The wound healed by first intention and the patient has had no further trouble.

The case, in my mind, is evidently one of an old hernia cured by pressure of the truss, which, however, excited an inflammation at the neck of the sac, causing the tissues to become painful. The walls of the sac, included in the inguinal canal, being pressed together by the truss a plastic inflammation was set up which permanently closed it. The sac thus formed remained a simple cyst.

* * *

—An operation to relieve paralysis of the lower part of the body, resulting from fracture of the spine, was performed by Dr. Thomas G. Morton at the Pennsylvania Hospital a few days ago. Dr. Morton says he has performed two operations of the same nature, with a fair degree of success.

CREMATION.

WHAT IS THOUGHT OF IT BY PHYSICIANS.

INTERVIEWS WITH PHYSICIANS BY A REPRESENTATIVE OF THE MEDICAL AND SURGICAL REPORTER.

SECOND SERIES.—PHILADELPHIA.

Dr. Alfred Stillé, although confessing that he had not given the matter much study, and did not care to express any very strong opinions on the subject, said that the only hygienic way in which the bodies of the dead can be disposed of is by their entire destruction, as far and as quickly as possible, whether this is done by cremation or otherwise. Cremation is, of course, most practicable. Inhumation is, without doubt, a most insanitary custom. Both in England and in this country several epidemics—especially of typhoid fever—have been traced to ground pollution. Dr. Stillé said that all countries adopt the most convenient and natural method for the disposal of their dead. Thus in Egypt, where burial on the banks of the Nile was forbidden for fear of river pollution, where burial in the shifting sands of the desert was impossible, and where the scarcity of fuel precluded cremation, mummification, or embalming, was adopted. In India, where fuel abounded, cremation is still a common custom. Here in America, on account of the vast extent of ground, inhumation had become popular. The disposition of his own body is a matter of indifference to him. Regarding his family, sentiment and custom would lead him to burial rather than to cremation. Although fully alive to the benefits obtained by cremation, Dr. Stillé does not think that at present the wholesale introduction of cremation into our United States is of pressing necessity.

Dr. James H. Hutchinson said he had little to say on the subject, and it was with difficulty that our representative could induce him to say even that. Dr. Hutchinson evinces the stereotyped indifference regarding the fate of his own mortal remains. He admits the superiority of cremation over inhumation from a sanitary point of view. He thinks that city burials as well as burials on the banks of rivers that furnish the public with water supply are undoubtedly injurious to the public health. In his opinion it will be hard to reconcile the public to cremation. Regarding the argument that has been advanced in opposition to cremation, viz., that the tracing of poisons will be impossible, he thinks it of but slight importance. Where any suspicion existed the bodies could be retained for a reasonable length of time. Some poisons, also, such as arsenic, could possibly be traced in the ashes even after cremation.

Dr. James W. Holland was next seen, and our representative was entertained by a most interesting account of the crematory in Milan, which Dr. Holland had visited and which had made a deep and most favorable impression upon him. Æsthetically, cremation seems to him most beautiful and impressive. There is absolutely nothing distasteful or revolting about the procedure, and no room is left for improvement. The crematory at Milan is a most imposing structure, and stately in its architecture. On each side of the main building is a lofty marble columbarium. The spaces between the columns contain niches for the reception of the urns of ashes. Some of these spaces belong to families, who have erected in them altars, surmounted with beautiful groups of sculptured marble. The larger spaces belong to various Societies or Orders, and are ornamented with appropriate groups or designs in marble. Every surrounding corresponds with this æsthetic refinement and solemn beauty. The grounds are most beautifully and tastefully laid out, and all the unpleasantness which we naturally would associate with the disposal of the dead is absent. Dr. Holland thinks that in many instances inhumations are a source of ground pollution. In Florida and Cuba this fact is most prominent. It is also an acknowledged fact that, where the remains of cattle which have died from cattle plague or splenic fever are buried, the ground becomes so impregnated with the diseased germs, that other healthy cattle, browsing over these sites, invariably contracted the disease. "True," said Dr. Holland, "we do not 'browse' in cemeteries, yet we frequently use them as pleasure resorts, and even this cannot be entirely devoid of danger." He then spoke of the evils of city graveyards, and also of the importance of the cremation of all bodies having died from infectious or contagious diseases. The only possible objection to cremation is the inability to trace poisons in criminal cases. In the heat of the crematory even arsenic would be sublimed and carried off in vapor form. It is an undeniable fact that, since it has become universally known that arsenic can always be traced in the body if present, the number of cases of arsenical poisoning have considerably decreased. Regarding the disposition of his own remains he had no choice or feeling, but would leave this entirely to the feelings or sentiments of his family, who in all probability will bury him.

DR. HANNAH CROASDALE was found to be staunch in her approval of cremation. She is of the firm opinion that the day is not far distant when cremation will become a universal custom in this country. Dr. Croasdale looks eagerly forward to such a future, for both hygienic and sentimental reasons. The value of cremation from a sanitary point of view is unquestionable. Æsthetically one can make as much ado over the ashes of one's departed as over their bodies. Personally she would make no provision for the cremation of her own body, on account of custom and usage, but would leave its disposition to her children. She believes that in certain localities burials without doubt pollute the ground.

DR. JAMES C. WILSON was also found to be an upholder of cremation. He believes it to be the only hygienic method for the disposal of the dead. Inhumation is undoubtedly a source of ground pollution. He is of the opinion that the prevalence of typhoid fever in Philadelphia is very possibly due to the contamination of the Schuylkill water supply by filtrations from the Laurel Hill Cemetery. Dr. Wilson does not think cremation will ever become general in this country, on account of the theological objections to it. Many devout Christians cannot reconcile themselves to it. Personally he would prefer to be cremated rather than buried.

DR. R. M. GIRVIN decidedly favors cremation. He said that he had influenced several of his patients to have their bodies cremated. It is his opinion that cremation is the only truly hygienic method for the disposal of the dead. Regarding the disposition of his own body, Dr. Girvin evinces the characteristic indifference of medical men. As to his family, he would have no compunction in cremating them, but, merely from usage, until cremation became more universal he would probably bury them. He does not lay much stress on ground pollution, and thinks that very little danger to public health is incurred in this way. He hopes that cremation will ultimately become a universal custom, and is, from a sanitary as well as sentimental point of view, in accord with it.

DR. ANNA E. BROOMALL confessed an entire absence of opinion on the subject and could not be induced to commit herself either one way or the other. She said that, if she had had any personal experience with cremation she would have been pleased to tell our representative about it; but this not having been her good fortune she had nothing of interest to say.

DR. J. SOLIS COHEN warmly supports cremation, and would greatly desire the cremation of his own body, although he had made no provision to this effect, on account of the feelings of his family. Apart from a sanitary point of view, he thinks that the introduction of cremation in this country should be urged on account of the cupidity of the churches, if for no other reason. He has seen in this city, time and again, churches of various denominations sell their edifices, grounds and graves to make room for factories or business houses. In these cases the remains were cast up by the workmen and open to the gaze of the public. Cemeteries and churchyards that are now suburban may, in the course of a few years, be in the heart of the city, and may possible be treated in the same manner. So, for the one reason of desiring to guard against a possible future desecration of his remains, he favors cremation. Hygienically, Dr. Cohen thinks there can be no question as to the superiority of cremation over any other present method for the disposal of the dead. Dry ground is an excellent disinfectant and purifier, but moist or wet ground can certainly become polluted through inhumation. Dr. Cohen fears that cremation will not become popular in our day; for, he says, it takes many years to change the customs of a people. Yet he earnestly hopes that the matter will be pushed and the introduction of cremation urged without delay.

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PROGRESS OF CREMATION.—There are now thirty-nine crematories in various parts of the world. Italy has twenty-three, America has ten, while England, Germany, France, Switzerland, Denmark and Sweden have one apiece. Since 1876 the cremations in Italy have been 1,177, and the total elsewhere only 1,269.

FOREIGN CORRESPONDENCE.

LETTER FROM BERLIN.

Enchondroma of the Vertebral Column.—Carcinoma of the Stomach.—Trichomycosis nodosa. — Antiseptic Cologne. — Smokeless Gunpowder.—Magnesite Plates.—Varia.

BERLIN, November, 1889.

The Berliner Medicinische Geselleschaft has reopened its interesting weekly meetings. At a recent meeting the venerable President, Professor Virchow, showed a rare specimen of enchondroma of the vertebral column. It was taken from a living man sixty-five years old, and is remarkable both for its size and its locality. The tumor measured 29 centimetres, and was removed from its nidus, covering the seventh and eighth ribs, with the sharp spoon. The man had first noticed eight years ago a swelling of the size of a plum, about 2½ inches to the left of the vertebral column. He had been unable to walk for years, and since the middle of this year had shown vesical paralysis and other spinal symptoms.

Another interesting specimen shown by Professor Virchow was one of carcinoma of the stomach. A resection had been performed by Professor Bergmann, and the patient had been discharged as cured in the beginning of August. Two weeks ago, however, he had been suddenly seized with violent gastric pain, and had to be admitted to the Charité. The autopsy revealed an extensive carcinomatous tumor which, however, on account of its peculiar locality was almost completely out of reach of palpation. The tumor lay near the lesser curvature of the stomach and had implicated the left supra-renal capsule and the solar ganglion. The cicatrix formed after the resection presented very favorable conditions.

Dr. Behrend made some interesting remarks on trichomycosis nodosa, of which affection he presented a specimen. He defined the affection as a morbid condition of hair characterized by the formation of little nodes. If such hair is drawn through the fingers, a roughness and unevenness is felt. The affection has hitherto been known chiefly by the name of Osorio's piedra, on account of its having been first described by the Spanish physicians of the U. S. of Columbia. Regarding the results of microscopical examination, a great variance of opinion seems to exist. The view of Dr. Behrend is that the little nodes do not consist of epithelial cells but of bacillary spores which surround the hair without being able to penetrate into its interior.

The field of preventive therapeutics is steadily growing, as can be seen from the many gratifying pharmacal innovations in the line of antiseptic agents. The latest acquisition in this respect is one which is intended to benefit more the attending physician and relatives of the patients, than the patient himself, viz., antiseptic Cologne. The preparation is gotten up in bottles, on the principle of the Cologne atomizers, and is really a useful and convenient agent. The physician is supposed to carry a miniature bottle of antiseptic *Eau-de-Cologne* about his person and to sprinkle his clothes and person with this agreeable and at the same time germicidal solution before leaving the sick-room. The relatives of the patient, on the other hand, can use the Cologne for the floor, furniture, bed-clothes, urine of the patient, etc.

Your correspondent attended recently a meeting of the Berlin Polytechnical Society and obtained quite a number of interesting scientific data from it. A discussion about the so-called smokeless gunpowder, to be shortly introduced into the German and Austrian armies, was all the more interesting to me as a month or so ago I had watched the latter in action during the manœuvres of the Prussian Gardes. The invention is claimed both by an Austrian officer and Dr. Schneider, a chemist of Berlin. The composition of the powder is a State secret, and is consequently unknown to the public. It seems, however, to be tolerably sure that both gun-cotton and nitro-glycerine are among its components. The name of smokeless powder is not quite an appropriate one, as smoke is not wholly absent, but simply lessened very materially in quantity. The effects of this powder which I noted during the manœuvres were rather surprising. It was evident that in many instances the troops were wholly at a loss to indicate the direction from which the shooting proceeded. The general impression here is that the smokeless powder will greatly intensify the sacrifices and horrors of the coming wars.

A member of the Polytechnic Society presented some specimens of what he termed magnesite plates, a new material which is said to present distinct advantages as a covering material for floors, walls and roofs.

Magnesite is a hard substance, of light specific gravity, incombustible and absolutely impermeable by dampness. The latter property places magnesite at once in a favorable hygienic light. But there is still another virtue in magnesite, which will render floors covered with it a blessing to many persons, particularly in German cities. Magnesite deadens the sound almost completely, and will be quite useful in German flats with one or two pianos on each floor.

Of interest also was a paper read by a member, in which he endeavored to show that carbonate of sodium, if added to the water used for making coffee, improves the latter considerably. The reason of this improvement the lecturer placed in the greater solubility of caffeine in water in which some carbonate of sodium had been dissolved. I think it is time that something should be discovered to improve the German coffee. I, for my part, am quite sure that I have not obtained a good cup of coffee since I left America. There is, besides, but little coffee and still less tea drank in the Vaterland, beer being the general drink. This beverage in its pure and nutritive state in which it is obtained in Germany appears really preferable to the strong teas and coffees indulged in in America. To be sure this point is open to argument. The question also arose in the Polytechnic Society whether salicylic acid and glycerine, used as constituents of beer, are to be regarded as deleterious. The question was answered in the affirmative in regard to salicylic acid and in the negative in regard to glycerine. This agent, it was stated, besides being wholly innocuous, was often formed in the digestive tract—in small quantities to be sure—during fermentative processes, as a by-product of alcohol and carbonic acid. The laxative properties of glycerine, besides, render it really a beneficial constituent of beer.

Last week a monument was erected to the memory of Prof. Bardeleben, the Nestor of German surgery, in the home of his useful and untiring labor, viz., the Charité.

The death of Prof. Jacobsohn, the famous oculist of Königsberg, has awakened deep sympathy, not only in the medical profession but also among the laity. His skill and unselfishness were both unrivaled. The best portion of his life was spent in attending to the eyes of the poor people of Eastern Prussia. He was a pupil of Graefe and worked very hard for the separation of ophthalmology from general internal medicine and for its promotion to the rank of a special science. After a fight of twenty-five years, he succeeded at last in forcing the government to erect the first special eye-clinic in Prussia, viz., at the University of Königsberg.

PERISCOPE.

Intussusception Treated by Inflation.

In the *Lancet*, Nov. 30, 1889, Dr. David W. Finlay, Physician to the Middlesex Hospital, reports an interesting case of intussusception successfully treated by inflation of air. Another under the care of Dr. Cheadle was published in the *Lancet*, Jan. 20, 1889, and reference is made in connection with it to cases previously occurring in the Hospital for Sick Children, Great Ormond street.

Dr. Finlay's patient was a boy 8 years old admitted into the Middlesex Hospital about 1 P. M. Oct. 4, 1887, with the following history: At half-past eight the same morning he suddenly complained of pain in the abdomen, almost immediately after which he went to stool, straining much, but did not pass anything. He was able to take a little breakfast, but vomited it. Before noon he had been to stool two or three times, and on the last occasion it was noticed that he had passed blood. On admission he was found to be suffering from tenesmus, and his bowels were frequently moved, a small quantity of blood and mucus being voided on each occasion. He suffered pain only just before the bowels acted, and at the same time he was attacked by vomiting and retching. The abdomen was not distended, but the left side was slightly fuller than the right. On palpation the muscles of the left side were rigid, and there was some dulness on percussion from below the left hypochondrium to the iliac crest. A sausage-shaped swelling could be felt extending from about the level of the umbilicus in an oblique direction from without inwards down to the left iliac fossa. The diagnosis being perfectly clear, it was at once decided to try the effect of inflation, and at 2.30 P. M. chloroform was administered and the operation performed with a small pair of ordinary bellows, the nozzle being covered with an india rubber tube, which was passed for two or three inches into the rectum. Previously to this the opportunity was taken of making a digital examination of the bowel, in which, however, nothing abnormal was discovered. Under the anæsthetic the tumor in the left iliac region was much more distinctly felt. The abdomen was somewhat, but not greatly, distended by the inflation, and after two or three minutes it was found that the swelling had disappeared. The tube was then withdrawn and the boy was left at rest, a mixture containing three minims of tincture of opium and five minims of spirit of chloroform being ordered to be taken every three hours. During the following night he had several attacks of vomiting, and lay with his legs drawn up. As he had passed no urine since admission, it was drawn off by catheter; to the extent of only two ounces, however. It was very acid, sp. gr. 1.045, and deposited an abundant sediment of white lithates, being otherwise normal. He had slept for about five hours and a half during the night, and the sickness referred to came on only after drinking. The next day (Oct. 5) he was found to have no abdominal tenderness or swelling, and since the inflation he had passed no more blood, or indeed anything. He was fed with two teaspoonfuls only of liquid nourishment at a time, but vomited even that. He was accordingly ordered an effervescing mixture, with tincture of opium and hydrocyanic acid, a sinapism to the epigastrium, and half a teaspoonful of meat juice in cold water occasionally. After this there was no more sickness, and he was allowed to return gradually to ordinary diet. A note made on the seventh day after admission (Oct. 10) was to the effect that he continued to improve; there was no swelling or tenderness in the abdomen, which was soft and normally resonant. The tongue was clean and moist, but the bowels had not yet been opened. Two days later he was allowed to get up. On Oct. 17 he passed a few small masses of feces almost black in color, and by the end of the month the motions were normal and recovery complete. The temperature was practically normal throughout the whole progress of the case.

The lessons to be learnt from the foregoing case, Dr. Finlay says, are tolerably obvious and simple, but it is only by systematically recording individual experiences that a sufficient body of material is to be obtained for general use. First in importance, as contributing to the favorable result, must be set down the early period at which the case came under treatment; for although cure has followed inflation in cases of several days' standing, a favorable result in these can hardly be expected. At the same time it may be said that there are few cases in which, whatever the length of time the intussusception has existed, the effect of inflation should not be tried before recourse is had to the serious step of abdominal section. Even where the latter may be reckoned to hold out the fairest promise of success the patient when anæsthetized should be given the chance of benefit from inflation, as this, if carefully carried out, need not increase the ultimate risk of the more serious operation which may follow. Most surgical authorities recommend early laparotomy, so-called; and it is just in the early cases that the necessity for this may be obviated by inflation. Another point is that the administration of some anæsthetic is to be strongly recommended. The advantages which it affords both in clinching the diagnosis and in the satisfactory carrying out of the treatment are so obvious as to require no argument. Finally, the simplicity of the apparatus required is worthy of consideration, a pair of bellows or an injection syringe, being all that is needed.

Treatment of Hemorrhage after Extraction of Teeth.

Mr. Pillin, in a recent issue of the Journal of the British Dental Association, relates five cases occurring in his practice of secondary hemorrhage following tooth extraction. Three of the patients were members of the same family, but it is not mentioned whether there was any history of hemorrhagic diathesis. The cases are interesting on account of the length of time elapsing between the operation and the hemorrhage. The first, a man aged twenty-eight, had profuse bleeding commencing on the fifth day; a brother, aged thirty-one, notwithstanding the sockets were plugged immediately after the extraction, on the eighth; and a sister, twenty-five years of age, also on the eighth day. Of the two other cases hemorrhage occurred on the third and fifth days respectively. The treatment adopted successfully was plugging the sockets with cotton-wool saturated with tincture of perchloride of iron, and adapting over this a plate made of Stent's composition, lined with a mixture of tannin and gum tragacanth. Stent's composition is a preparation used by dentists for taking models of the mouth. It is harder than wax at the temperature of the body, and not so flexible as gutta-percha, and therefore makes an accurately fitting and easily applied plug, and can be readily retained in position by keeping the jaws in contact by an ordinary four-tailed bandage.—*Lancet*, Nov. 30, 1889.

Removal of Renal Calculi by Toxic Doses of Belladonna.

In the *Prov. Med. Jour.*, October, 1889, Dr. Murray states that, in his experience, belladonna is more beneficial than opium in relieving the pain of renal colic. In cases of renal colic, moreover, the author contends that if the drug is pushed sufficiently long, and in large enough doses, the entire removal of the calculus—first from the pelvis of the kidney to the bladder, and then from the bladder *per urethram*—often follows. Some cases are quoted illustrating this assertion. One patient had suffered for several months from repeated attacks of renal colic, during the last of which he was seen by the author, who gave belladonna until its physiological action on the eye and throat was evident, and then it was pushed further, so that in a few hours a lithic acid calculus was passed as large as an almond. In another case a youth suffered so severely from renal pain that it was decided to operate, but, before consenting, the parents consulted Dr. Murray; he ordered twenty drops of tincture of belladonna every hour, and at the end of five hours a round rough calculus was passed. The special point to be remembered in these cases is to push the drug to its toxical stage, and keep up its action after the pain has been relieved, until a fair time has been allowed for the expulsion of the stone. You may begin with forty minims of the tincture, and repeat it every two hours, increasing or diminishing the dose according to its effect on the pain. —*London Med. Recorder*, Nov. 20, 1889.

New Method of Transplantation of the Cornea.

Dr. A. v. Hippel, in the *Archiv für Ophthalmologie*, vol. xxxiv, p. 108, has proposed that in the well-known operation for transplantation of the cornea, whilst the entire thickness of the cornea of the rabbit from which the membrane is taken, should be removed by the trephine, only the substance of the cornea should be taken away in the patient, the membrane of Descemet being carefully left uninjured. By pursuing this method he claims to have enabled a patient who was only able before the operation to count the fingers at six feet, to read $\frac{20}{200}$; whilst in a second case the patient was enabled to count the fingers at twelve feet. He considers the operation to be inappropriate for cases of ectatic leucoma, and for all cases of leucoma with complete adherence of the iris; but it is not contraindicated in cases of partial adherent leucoma, even when the opacity is of large size.—*Practitioner*, Nov., 1889.

Drainage of Wounds.

Dr. I. Boeckel, of Strassburg, who for many years had protested against prolonged drainage in the treatment of wounds, has recently discarded drainage altogether after operations, and now regards this practice as erroneous and absurd. In favor of this opinion, a report was made in May to the Société de Chirurgie, of Paris, of thirty-six cases of operation treated in the Strassburg clinic with complete and speedy success without the use of drain tubes. This list of cases included one of trephining for compound fracture of the cranium, four of cancer of the breast, two of amputation of the thigh, and ten of resection of the knee. In most instances the wound was covered by iodoform dressing, which was allowed to remain until the completion of the healing processes. Dr. Boeckel is a firm believer in the antiseptic method, but endeavors to attain simplicity of detail in the use, during and after operation, of surgical appliances and dressings. The essential point, he holds, is to maintain a rigorous antisepsis during the operation, from the first application of the knife to the completion of the dressing. In certain operations, such as resections of the knee and elbow, and, indeed, articular and osseous resection in general, Dr. Boeckel, in order to save time and to avoid all possible risk of infection from the presence of ligatures and the temporary contact of hemostatic forceps, trusts to methodical compression and vertical elevation of the limb for the prevention of hemorrhage. The surgeon, it is held, should, in the course of a long operation. wash his hands frequently in a weak solution of corrosive sublimate. Gauze pads are used in the place of sponges, and in order to obliterate as far as possible any cavities at the bottom of the wound, the flaps are brought together by deep sutures. Owing to these precautions, Dr. Boeckel is now able in any serious operation to dispense with the inconvenient plan of drainage, and at the same time to effect complete healing of the wound under a single dressing. In all the thirty-three cases mentioned in this report, repair, it is stated, took place in a very striking manner, and without fever, pain or suppuration.—*London Med. Recorder*, Nov. 20, 1889.

Collapse in Typhoid.

Collapse in typhoid fever, due to heart failure, demands prompt attention. Among remedies alcoholic stimulants are of the greatest service. Digitalis, strophanthus, sparteine, caffeine, camphor, nitro-glycerine, and musk are useful adjuncts.

Dr. W. Maddren, in the *Brooklyn Med. Journal*, Dec., 1889, says that for combating a sudden danger from weakness of heart, Siberian musk in large doses is considered by several authorities to be a most efficient remedy. A subcutaneous injection of caffeine is superior to ether, as it is less painful, and more stimulating to the heart. The following formula for hypodermic injection is recommended by Tanret and Dujardin-Beaumetz:

℞ Caffeine	6 grains
Salicylate of sodium	4½ "
Distilled water	up to 16 minims

Dissolve with the aid of heat. Sixteen minims of the solution contain six grains of caffeine.

Strong tea or coffee will produce a powerful temporary effect. When the indications call for a stimulating effect for a longer time, camphorated oil should be administered hypodermically—one part camphor, five parts olive or almond oil, two to five syringefuls at a time. In using this remedy be careful to vary the place of introduction, and use no violence, or there may be a slough of the skin.

Ichthyol Collodion in Erysipelas.

The local application of a coating of ichthyol collodion, prepared according to Dr. Unna's formula, is reported to be one of the most efficient means of subduing the intumescence and of cutting short the course of erysipelas in conjunction with proper internal remedies. The formula of Unna's ichthyol collodion is as follows:

℞ Icthyol,	
Ether	āā ʒ 5
Collodion	ʒ 10

—*New York Med. Times*, Dec., 1889.

Antisepsis in Typhoid Fever.

The so-called antiseptic treatment of typhoid fever is a valuable addition to the therapeutics of this disease. Dr. John A. McCockle, in the *Brooklyn Med. Journal*, Dec., 1889, says that it is well to begin antisepsis at the mouth by strict cleanliness and antiseptic washes. Carbolic acid is a deserving remedy, and one in which he has much confidence.

℞ Acidi carbol.	♏ xxiv
Glycerin.	fʒ ii
Liquid pepsin. aromati.	f℥ i
Aquæ menth. pip.	f℥ ii

M. Sig. A teaspoonful one hour after food.

This combination aids digestion, checks decomposition, and acts as a disinfectant.

Chloralamid.

The new hypnotic, chloralamid, may be administered either pure or in suspension. In the first case it should be given in a wafer or capsule or mixed with a confection. Dr. Alfred S. Gubb, in the *London Med. Recorder*, Nov. 20, 1889, gives the following formula for the administration of chloralamid in suspension:

℞ Chloralamid	gr. xxx–xl
Acid. hydrochlor. dil.	♏ ij
Syrup. Rubi Idæi	f℥ iij
Aquæ dest	f℥ ij

M. Sig. For one dose.

The drug may also be administered per rectum as follows:

℞ Chloralamid	gr. xxx–xl
Acid hydrochlor. dil.	♏ ij
Cognac	♏ xvj
Aquæ dest.	f℥ iij

M. Sig. For one enema.

Incisions into Soft Parts in Difficult Labor.

A bold operation is proposed by Dührssen in the *Prager medicinische Wochenschrift,* which he professes to have performed ten times. In each case the mother was saved, but all the children had died during the prolonged labor. Two of the mothers were in danger from eclampsia at the time of the operation. It is said to be indicated in old primiparæ where there is great rigidity of the parts with weak pains, when there is danger from eclampsia, after premature rupture of the membranes, when the pelvis is flattened so that the head of the child will not engage in the superior strait, and when the cervix is rigid or cicatricial as a result of venereal disease, carcinoma, ulceration, or operation. The technique is as follows: No speculum is required. The cervix is seized with the fingers or with forceps, and when the tissues are well stretched an incision over an inch deep is made towards the tuber ischii on each side, extending one and one-half inches up the vagina. The child is then easily removed. The hemorrhage is slight and easily controlled. After the birth of the child the wounds are drained and treated with iodoform. In cases of eclampsia an anæsthetic is not necessary. The chief danger seems at first to be that of the wounds being torn to a greater depth, but Dührrssen asserts that there is no danger of this, inasmuch as the canal thus formed is sufficiently large to allow of the passage of the child's head without causing sufficient tension to tear the wounds any deeper.—*New York Med. Journal,* Dec. 7, 1889.

Antifebrin in Quinsy.

In the *Wiener Medizinische Blätter* for August 8, 1889, Dr. W. Sahli writes that on the second day of a violent attack of quinsy he took seven grains of antifebrin, and within a quarter of an hour all headache and pain on swallowing or in mastication had completely disappeared. On the next day there was a slight return of pain, which was again almost immediately subdued by the repetition of the dose of antifebrin, and this treatment was continued on each reappearance of pain with the same results, until the disease had run its course.

Dr. Sahli refers to twelve cases of quinsy in which 4 grain doses of antifebrin likewise produced satisfactory results. The same effect was also observed by the writer in the relief of pain in angina of an epidemic of scarlet fever and diphtheria. The drug relieves pain in all movements of the throat, and, by rendering the operation painless, is a great assistance to gargling the throat, especially in children, while, of course, it also assists in the administration of food.

Dr. Sahli does not, however, claim that antifebrin is a specific for angina or diphtheria, since the pathological processes are not influenced by its administration. He administers it shaken up in a little spirits and syrup. — *Therapeutic Gazette,* Nov., 1889.

Diabetes Mellitus.

To sweeten the food of diabetics add as much as will lie on the point of a knife of the following formula :

℞	Saccharini	gr. lxxvij
	Sodæ bicarb.	gr. xxxj

M.

Local Anæsthesia with Seltzer Water.

Dr. Voituriez (*Journ. de sci. méd. de Lille*) recommends the use of siphons of seltzer water for this purpose, the jet being held at about four inches from the region to be anæsthetized. He uses at first two or three bottles of seltzer, which causes an anæsthesia that will last for four or five minutes, after which a small additional quantity will suffice to prolong the effect.—*American Journal of Pharmacy,* Dec., 1889.

Deodorized Iodoform Ointment.

The following deodorized iodoform ointment is quoted from the *Gazetta Med. di Torini :*

℞	Powdered iodoform	48 grains
	Powdered roasted coffee	48 grains
	Vaseline	1 ounce

Mix.

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—There is some talk of establishing a Pasteur Institute at Cambridge. It is estimated that the expenses for the first year would not exceed £700. It certainly seems absurd, says *The London Med. Recorder,* October 21, that England, which furnished so large a quota of patients for M. Pasteur, should not have an inoculation station within its own shores.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

THE END OF THE YEAR.

With the conclusion of another year and of the sixty-first volume of the REPORTER, the Editor extends to its readers his best wishes for their prosperity and happiness, and his thanks for the evidence they have given of their sympathy with principles which have guided him in conducting it.

We trust that the readers of the REPORTER will have observed steady improvement in the character of the original articles, and the development of the departments of clinical lectures and hospital reports, as well as of foreign correspondence.

In the Editorial department the greatest care has been exercised to present our readers with entirely fresh abstracts and translations every week and to have the book reviews honest and fair and wholly in the interest of our readers. In the Editorials themselves we have presented, as the Index shows, a very wide variety of subjects, some of them of the highest degree of importance, and all of interest.

In looking back over the year just ending it will be seen that on more occasions than one it has seemed proper to pass beyond the range of mere scientific discussion, and to comment on men and measures connected with our profession. In this the Editor has endeavored at all times to voice the sentiment of the best part of the profession, of that part which hates and despises sham and clap-trap, and which regards integrity as indispensable to professional character. This part of his duty the Editor of the REPORTER will endeavor to discharge according to his best judgment, remembering that the REPORTER is published not for any one locality or any set in the profession, but for the whole of this continent and parts of almost every other one. At the same time he will receive with appreciation any suggestions from its many readers, looking to an improvement in the REPORTER, and will be very glad to have their expressed support in any moral question which it may discuss.

DEVELOPMENT OF PULMONARY PHTHISIS.

At the meeting of the American Public Health Association held last October, Dr. P. H. Kretschmar, of Brooklyn, read a paper on the Prevention of Pulmonary Consumption, in which he said that he had no doubt that the disease could be spread by contagion, and propounded some interesting statements in regard to its predisposing causes. He said if there are many children in a family, those born after the sixth or seventh are apt to develop consumption; if the children in a large family are born at short intervals, the younger ones are apt to develop consumption; and, if the offspring of healthy parents, born under the conditions named above, escape the disease, their children are prone to develop it. Dr.

Kretschmar confessed that these views were novel, but said that he thought they were fully justified by his own experience and that of other physicians who had recorded their observations.

It is likely that the observation of any careful student of hereditary influences would be found to confirm the opinions of Dr. Kretschmar; but we must confess our inability to see how this view can be harmonized with his belief in the contagious theory of phthisis. As we understand it, a contagious disease is one that is entirely untrammeled in its choice of victims, except in the case of those who are protected against its invasion. This is clearly the case with small-pox, which is a typical contagious disease. If this disease would, for instance, attack those who happened to be born in the latter part of the reproductive period, in preference to those who are born in the middle portion of this period, it would be conclusive evidence that some special vulnerability to the disease, not apparent to the senses, existed in such individuals, and that the germ of small-pox is not free to act, and not the only factor; yet it is a well-established clinical fact that small-pox respects none but those who are specially protected by a modified form of its own virus.

In addition to this, there seems to be another incongruity in the contagious theory of phthisis in so far as its behavior is related to that of contagious diseases. It has been stated that small-pox protects against a second attack, and it is also true that the offspring of those who have had the disease are less liable to it than others, showing that a certain degree of immunity is conveyed by inheritance. Now in regard to phthisis the very opposite holds true. This disease does not only not afford protection against, but actually paves the way for a second attack, if the individual is fortunate enough to live through the first; while at the same time it increases the vulnerability of his descendants to the disease.

It is very true that much has been done in the laboratory to show that phthisis is an inoculable disease, but that which is gleaned from this source must not clash with the solid facts which are gleaned from the field of practical experience; for under these circumstances the former, instead of serving as a beacon light to the searcher after truth, will "hold eternal anarchy, and by confusion stand."

A BAD BLUNDER.

In view of the opinions expressed in our Editorial, December 21, on "Physicians and Politicians," it will not surprise the readers of the REPORTER that we note with great regret the fact that the Faculty of the Jefferson Medical College last week joined hands with an institution for which it has heretofore expressed the greatest contempt, in trying to secure some advantage from the shameful interference of the Mayor in the personnel of the Medical Staff of the Philadelphia Hospital.

To the discomforts which are supposed to come with such strange bed-fellowship, there has been added the open reproof of the most ably-conducted newspapers in Philadelphia, which have criticised not only the action of the Jefferson Medical College, but also the grounds upon which this was taken. They have espoused the transparent fallacy of the assumption that the medical schools of Philadelphia have a right to "representation" in the Staff of the Municipal Hospital, and the hollow selfishness of the demand—first put forward by the Medico-Chirurgical College—that the medical men under whose direction the most remarkable improvements have been effected at the Philadelphia Hospital shall be turned out to make room for others whose strongest claim is that this school has not what it thinks is its share of the offices.

These criticisms will probably suffice to convince the Faculty of the Jefferson Medical College that they have committed a serious blunder, regarded merely from the standpoint of general morality; but their adoption of the methods of politicians and abandonment of ethical principles of the the profession call for condemnation also from independent medical journals. It is not pleasant to have to speak thus, but it seems to be a duty, and it must be done.

We trust that this will be the last time we shall have to express disapproval where praise would be a more pleasant task; but if necessary the REPORTER will return to a consideration of the crisis at the Philadelphia Hospital, and will not shrink from expressing such opinions as may seem to be in accordance with the principles of right, and conducive to the honor and dignity of the medical profession.

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NOTES AND COMMENTS.

Falsification of Wine in Brazil.

It appears, from a small pamphlet referred to in the *Lancet*, Nov. 23, 1889, by Dr. Campos da Paz, of Rio de Janeiro, that the manufacture of imitations of wines and liqueurs flourishes unchecked in Rio and forms a more or less important industry. The replies, based on analyses, which were returned by the local official chemists to inquiries submitted by Dr. Campos da Paz and Dr. Freire show that extensive and systematic falsification of a kind likely to be seriously injurious to public health is practiced. Indigo-carmine, dinitro-cresylate of potassium, aloes, chloroform, and the compound ethers of valeric, butyric, and caproic acid, oxalic acid, and amyl alcohol are among the ingredients used in this branch of misapplied chemistry.

Polluted Rivers.

At the meeting of the Public Health Association, held recently in Brooklyn, Dr. L. S. Kilvington, of Minneapolis, then presented a paper on "Statistics of River Pollution," with some observations relating to the destruction of garbage and refuse matter, and said that the majority of health officials in this country favor the cremation system. He also stated, that in the Mississippi river, during the past year, eight cities alone deposited 152,675 tons of garbage and offal, 108,250 tons of night-soil, and 3,765 dead animals. In the Ohio river, five cities, in the same period, dumped 46,700 tons of garbage, 21,157 tons of night-soil, and 5,100 dead animals. In the Missouri river, four cities cast 36,000 tons of garbage, 22,400 tons of night-soil, and 31,600 dead animals. No theory of self-purification of running water will dwarf the magnitude of this sanitary crime. The speaker doubted the practicability of using garbage as a fertilizer, because, while it contained fertilizing elements, they were not sufficiently concentrated for agricultural use.

Mercurial Flannel.

In the October number of *L' Union Pharmaceutique*, M. P. Carles gives a detailed account of the method of preparing mercurial flannel, an article which appears to be coming into use in France. Its introduction is due to Professor Merget, of Bordeaux, who in his recent thesis for the degree of Doctor of Medicine, referred to in the *British Med. Journal*, Nov. 23, 1889, shows that when frictions are made with mercurial ointment, the mercury is not absorbed by the healthy skin, and that the metal acts only by the vapors which it spreads, and which are introduced into the system by means of the respiratory passages. The inconveniences attending the use of mercurial applications are well known; they are sometimes difficult to apply, and occasionally they cause cutaneous eruptions and salivation. Professor Merget has proposed to replace them by applications of thick tissues, upon which is fixed an adherent deposit of mercury reduced mechanically to an impalpable powder, and placed in conditions most suitable for it to become slowly vaporized. Flannel is the material used for this purpose. It is first treated with a solution of sodium carbonate in order to free it from grease, and thus prepared it is dipped into a saturated solution of mercurous nitrate and afterwards into liquor ammoniæ; this solution precipitates the mercury in the tissues of the flannel as mercurous ammonium. To make use of the mercurial flannel it is sufficient to place a square of 25 centimetres on one side near the respiratory passages. Although the system is thus in direct contact with the mercurial vapors, it is not saturated by them, for they are rapidly eliminated by the renal and intestinal excretions, and thus an equilibrium is maintained. Experience has shown that respiring these vapors every night, and leaving them off during the day, sick people and those in good health support them without the least inconvenience during several months. It is necessary to observe that if the mercurial dust from the flannel be inhaled with the vapors, salivation is rapidly produced. The piece of flannel, therefore, must be enclosed in a bag of some light tissue, so as to prevent the dusting out of the mercurial powder. The flannel thus protected is placed under the patient's head if he sleeps on his side, or upon his chest if he lies upon his back. This mercurial flannel will give sensible vapors of mercury which can be recognized by tests for years. It weakens, however, sensibly every day when in contact with the hot body; it is therefore necessary to renew it about every three weeks. It can also be used as an application to the skin in cutaneous affections due to parasites. For this purpose it is applied in the form of a glove, a sleeve, or bandage.

Catarrh of Pharynx.

The following is claimed to be a useful gargle in catarrh of the pharynx:

℞	Sulph. zinci.	gr. xv.
	Thymoli	gr. 1/3
	Alcoholi	āā fʒ jss
	Glycerini puri	
	Aq. Menth. pip.	f℥ x.

M.

NEWS.

—Dr. S. H. Nichols, Surgeon of the Bloomingdale Insane Asylum, New York, died Dec. 17.

—The Harvard Dental School recently received a gift of $1,000 to be added to its endowment fund.

—The St. Louis Post-graduate School of Medicine have sold their interests in the *St. Louis Polyclinic* to Dr. L. A. Turnbull, the present Editor.

—Dr. Thomas B. Harvey, of Indianapolis, dean of the faculty of the Indiana Medical College, died on Thursday, the 5th inst., within a few hours after an attack of apoplexy that overwhelmed him while he was delivering a lecture to his class.

—The *British Medical Journal* states that Professor Virchow continues to work diligently upon the new edition of his work on "Cellular Pathology," and that he expects to have it completed by the time that the International Congress meets at Berlin.

—A Medical College for Chinese has been recently established at Hong Kong and is evidently doing good work in instructing the native students in medicine. It is in charge of Mr. Cantlie, F. R. C. S., late of Charing-cross Hospital as Dean, and there is a full staff of English lecturers and about thirty students.

—Latest advices from St. Petersburg are to the effect that cholera is dying out in the provinces of Persia. In Southern Mesopotamia, on the other hand, all over Irak and among the nomads of the Syrian desert, who resist all medical superintendence, the epidemic is raging with great violence. The Persian authorities are executing the quarantine regulations with considerable rigor.

—So many exaggerated and misleading stories have been sent out in reference to typhoid fever at Yale University, that the faculty, on December 13, had all of the buildings examined by a sanitary engineer, who reported that the buildings and their sanitary systems were in first-class condition, and that the sickness could not have been caused by unsanitary conditions of the dormitories.

—Dr. Seth Pancoast died at his residence in Philadelphia, on the morning of Dec. 16. Dr. Pancoast was born in 1823; was graduated in Medicine at the University of Pennsylvania in 1852. In 1858 he became Professor of Anatomy in the Philadelphia Women's Medical College, which position he held for five years. He had since been made Professor Emeritus and continued such until 1882.

—The coroner's jury in the case of Harris, the New York salesman, who was killed by an electric light wire coming in contact with a show-case which he was assisting in carrying, has rendered a verdict which finds the Brush Electric Light Company wholly responsible for Harris's death. The finding also makes the following recommendations: (1) That the Board of Electrical Control and the Board of Health be requested to use extraordinary and speedy measures to have the wires of all the electric light companies of the city laid underground, and, (2) that the said Boards use all necessary care to have the wires and lamps of all the electric light companies properly insulated.

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Medical and surgical reporter
(Philadelphia)

GERSTS